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ABSTRACT

This master plan, devised by San Diego County, has as its objective the total integration of all refugees into the mainstream of community life. The plan begins with background material that describes its goals and the refugee population to be served. In the second section, the county's current program is outlined and the administrative responsibilities of the Federal and local government are discussed. The third section provides an analysis of the needs of refugees in the areas of education, acculturation, housing, medical assistance, employment, and social services. Section four presents an overview of the county's proposed plan for 1981-1982 and covers funding, services, and organization and staffing. Proposed actions such as staff training, improvement of refugee access to services, and involvement of the private sector necessary for facilitating the county's plan are reviewed in section five. Administrative coordination of the plan's implementation is discussed in the sixth section. The last section contains a restatement of program objectives and funding prospects. Exhibits attached to the report include: (1) quarterly statistical report on Indochinese refugees; (2) membership list of the Interjurisdictional Committee on Refugees; (3) refugee cash assistance data; (4) membership list of the San Diego Refugee Coalition; (5) California State's suggested outline for the county plan; and (6) the final outline for the county plan. (APM)

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COUNTY MASTER PLAN for REFUGEE RESETTLEMENT

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COUNTY OF SAN DIEGO

Master Plan for Refugee Resettlement

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COUNTY MASTER PLAN FOR REFUGEE RESETTLEMENT

SUMMARY

Goals and Objectives - The objective of this plan is the total integration of all refugees into the mainstream of community life. This is best achieved by refugees attaining economic and social self-sufficiency.

Population Covered - This plan primarily addressed Indochinese refugees, but minor adjustments would extend its applicability to any immigrant group.

The County's present Indochinese refugee populations is estimated at 22,000 - 24,000. Precise figures are unavailable because of a large secondary migration of several thousand annually from other states and California counties.

New arrivals from overseas camps have decreased from a 1980 average of 500 per month to about 350 monthly at this time.

The plan endorses the return to an annual limit of 50,000 refugees admitted nationwide, as originally specified in the Refugee Act of 1980.

Administrative Responsibility - Refugee resettlement is a federal program and, therefore, a federal responsibility. However, the development, coordination and implementation of effective community programs can most efficiently be handled at the local level.

Administrative responsibilities for the program supportive to the goal of self-sufficiency, i.e., health, education, social services, et cetera, are retained by the participating agencies. The County government should provide stronger coordination to avoid service gaps and overlaps.

Funding - In recognition that all public funds, whether federal, state or local, all emanate from one finite source - the taxpayer, San Diego County endorses incentive funding of those programs which successfully integrate refugees into the local economy and thereby remove them from public assistance rolls. Federal response to the heavy influx of refugees via secondary migration has been unrealistic, and local taxpayers have been forced to assume an unfair share of the burden. The state and federal governments also need to make earlier fiscal decisions to assist local planners to develop programs in a timely manner.

Cash Assistance - With an estimated one-half of Indochinese refugees receiving public assistance funds, San Diego County is concerned that these funds are regarded as an entitlement program, which it is decidedly not. Thus, the plan fully supports the 36-month limit of federal participation in the Refugee Assistance Program (RAP). Concern is also expressed about inequities in levels of assistance to Indochinese and Americans.

Employment Services - Funding must be concentrated in directly employment-related services. All specialized programs should be considered as supportive to the priority of employment. Refugee-serving employment agencies should be charged with the development of a comprehensive diversified employment and training strategy which should cover all occupational areas, provide training programs to upgrade refugee skill levels, and resolve the barriers caused by language, transportation and child care needs.

Medical Services - TB screenings, immunizations, parasite control and dental care will continue as a coordinated effort by public and private agencies. Mental health issues are widely anticipated as the most significant problems in coming years as the full impact of loss of country and intergenerational conflicts are realized. Imaginative planning, maximum use of volunteer, self-help groups and reasonable federal funding are recommended.

Housing - This plan recommends that the County and City Departments of Housing and Community Development seek additional federal HUD Section 8 funds to alleviate the housing shortage for all low-income families in the San Diego region.

Educational Services - ESL classes are heavily emphasized at both the K-12 and adult school levels. In the various adult schools, pre-vocational ESL prepares adults for employment by emphasizing language skills needed to obtain jobs and succeed in them. Skills training provides entry level training in specific, chosen vocations.

Other Support Services - Such services as orientations, acculturation, community relations, interpretation, transportation and child care must be accepted as the responsibility of the voluntary agencies, mutual assistance agencies, and other private sector programs. In view of limited public resources and the desire and capability of refugees to act in their own behalf, the San Diego Plan supports the growth and development of self-help groups.

Client Tracking System - Present client tracking systems in this county are the responsibilities of the individual agencies, and for the most part, are fragmented, weak and underdeveloped. The Department of Social Services currently is participating in the testing phase of the state's Refugee Management Information System (RMIS), and it is anticipated that this system may fill the void.

Recommendations - A detailed list of recommendations for improved refugee services can be found on the green paper immediately following.

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4) Membership - San Diego Refugee Coalition

5) State's Suggested Outline for County Plan

6) Final Outline for County Plan

MAJOR PROBLEMS PERCEIVED AND SOLUTIONS SUGGESTED

The following represents a recapitulation of recommendations found in the body of this plan:

IN REGARDS TO ADMINISTRATIVE RESPONSIBILITY

1) The authority and responsibility for refugees at the federal level should be contained in a comprehensive resettlement plan, designating a single federal agency to coordinate the federal government's areas of responsibility.

2) At the local level, counties should be designated the planning agency for implementation of federal policy.

3) The roles and responsibilities of each public and private agency should be clearly delineated.

4) State and local governments, associations such as the National Association of Counties and the American Public Welfare Association, the San Diego Refugee Coalition, and voluntary agencies should be involved in the development of these objectives and goals.

5) A national data collection system is urgently needed as part of a general resettlement plan which will provide the following:

   a) secondary migration information

   b) resettlement monitoring

   c) evaluation of program effectiveness

   d) essential information for program planning and for local health and community services planning

   e) rational bases for the allocation of resources

   f) coordination and communication between public and private program providers

6) Because of limited resources, San Diego County recommends a return to the annual limit of 50,000 refugees admitted nationwide, as originally specified in the Refugee Act of 1980.

IN REGARDS TO COORDINATION EFFORTS

1) The concerns of San Diego County and local jurisdictions should continue to be represented in statewide meetings through the San Diego Refugee Coalition participation in the California Forum on Refugee Affairs.

2) San Diego County should be represented on the Citizen Advisory Committee which advises the Governor's Task Force on Indochinese Refugees.

3) The Federal Regional Office of Refugee Resettlement in the Department of Health and Human Services and State of California, Office of Refugee Affairs and Department of Social Services, should continue to provide staff representation and participation in monthly San Diego Refugee Coalition meetings and other refugee forums.

4) The City of San Diego, in particular, should be encouraged to maintain contact with the Task Force on Refugees of the U.S. Conference of Mayors to ensure that local experiences and concerns are reflected within this group.

5) The development of the Indochinese mutual assistance associations and their involvement in the design of policies and programs affecting their constituency should be given continuing encouragement and support.

6) The U.S. Department of State and the U.S. Department of Health and Human Services (formerly H.E.W.) should provide a vehicle for receiving input on a regular basis from local jurisdictions on Indochinese refugees.

7) The U.S. Coordinator for Refugee Affairs of the Department of State should establish a West Coast Regional Office to deal with specialized local refugee concerns.

8) County government to explore methods of assuming a stronger coordination role, perhaps with the Refugee Coalition in an advisory capacity.

IN REGARDS TO EMPLOYMENT

1) This County concurs with the State's philosophy that employment-related services should be a chief concern in the allocation of funding. San Diego County defines employment-related services as including English as a Second Language classes. Lack of English proficiency is perceived as being the greatest barrier to employment for refugees in San Diego. As of late April, 1981, approximately 570 persons have been transferred from the Refugee Assistance Program to AFDC. Of this group, 456 are monolingual in their native language. Funding for English as a Second Language must continue to play a significant role in the program.

2) Funding must be concentrated in directly employment-related services. Other support services, such as initial comprehensive orientations, child care and health services, must be accepted as the responsibility of the voluntary agencies, the mutual assistance associations and other private sector programs. All specialized programs should be considered as supportive to the priority of employment.

3) Of the time-expired refugees, 50 percent of those who are applying for job assessments in San Diego are from other areas of the country. Counties receiving the brunt of secondary migration also receive the burden of secondary migrants' unpreparedness for employment. California's emphasis on employment-related services must be the emphasis of all states and counties participating in refugee resettlement.

4) The State Employment Development Department, the County's Department of Social Services, the Regional Employment and Training Consortium, the Regional Occupational Program, the Indochinese Refugee Assistance Program providers, and other agencies should be charged with the development of a comprehensive diversified employment and training strategy for Indochinese. This strategy should cover all occupational areas (including health, social and child care services), provide training programs to upgrade refugee skill levels, and resolve the barriers caused by language, transportation, and child care needs.

IN REGARDS TO CASH ASSISTANCE

1) Secondary migration must be considered in any allocation of state or federal funds.

2) A priority in refugee assistance and service funding should be given to cash assistance recipients for the following reasons:

   a) They tend to have the greatest need for service.

   b) This will facilitate the process of self-sufficiency.

   c) It will reduce the numbers of refugees who are in need of assistance beyond the 36-month time limitation.

3) Provide national coordination at the federal level to assure uniform resettlement of arriving refugees among the fifty states and with regard to the states' populations, size, economic base and other social features.

4) Enact refugee assistance programs that are equitable in treatment of political refugees and do not provide priority service, eligibility advantages or higher benefit levels over similar assistance programs available to the resident poor who hold normal immigrant status or are U.S. citizens.

5) Survey and study potential resettlement areas prior to transporting the refugees for resettlement in an effort to minimize detrimental financial/social impacts on that area.

6) Redefine and enforce the responsibilities of sponsoring agencies and individual sponsors to prevent the refugees from being literally "dropped" at the doorstep of public agencies.

7) Provide 100% federal reimbursement of costs incurred by local public assistance/social service agencies engaged in the resettlement of refugees.

8) The federal government should reexamine any regulations which result in inequities of public assistance funds to various refugee groups and native Americans. There would appear to be different levels of assistance for Indochinese and Americans.

9) Implement a federal planning process with the goal of producing a national plan for resettling future mass arrivals of political refugees. The plan should be conceived by the Department of Health and Human Services utilizing input from the states, large counties and major cities.

10) The Governor's Task Force on Refugees should work with other states to ensure that financial aid to refugees be standardized throughout the nation in order to discourage secondary migration.

IN REGARDS TO MEDICAL CARE

1) The State of California should take the leadership to develop and coordinate specific programs aimed at improving the health status of refugees. Such programs, if they are to be effective, must be designed to include measures to cope with cultural, language, transportation, and emotional barriers which impede access to such programs.

2) The State of California should intensify the active recruitment and assistance in retraining of Indochinese health professionals to augment the available manpower to provide health services for this segment of the population. This should include nurses, pharmacists, dentists, and allied health personnel as well as physicians.

3) The County's Department of Health Services and its Mental Health Division should develop employment opportunities in the health services system for Indochinese.

4) The federal and state governments should amend their regualtions to grant arriving Indochinese refugees presumptive eligibility for medical programs for a period of 60 to 90 days pending final eligibility determinations.

5) The Federal Government should explore ways to provide health insurance for all refugees from the time of arrival.

6) The Federal Government should allocate additional funds for health services to school districts heavily impacted by the increase in refugees in the school system.

7) The State of California should change the appropriate laws to allow medical treatment of a refugee child by the school nurse, doctor or hospital with the consent of the guardian when the children have no parents.

8) The State of California should provide funds for computer capability for the recently-funded San Diego Comprehensive Refugee Health Program, should refund the current program which expires October 31, 1981, and should add transportation and health education components.

9) The Federal Government should reconsider the defunding of mental health programs which occurred at the end of the 1980 FFY.

10) Local mental health agencies should work more closely with samll minority groups and perhaps aid in the prevention and early identification of mental health problems as well as increasing the strength of community support systems.

IN REGARDS TO SOCIAL SERVICES

1) A tracking and case management system would help minimize service gaps and duplications and should include initial assessments of health, social, education and employment needs.

2) There should be county-wide planning for various refugee-related services with resources allocation authority vested in one place. Program monitoring and evaluation of services should be ongoing.

3) Local public and private social service agencies should develop paralegal resources to minimize the $200 cost of guardianship of unaccompanied minors which responsible relatives must bear.

4) Funding priorities should be given to service agencies demonstrating cost-effectiveness with program mergers representing one means of cost-effectiveness.

IN REGARDS TO HOUSING

1) The County and City Departments of Housing and Community Development should seek additional federal funds (HUD Section 8 Rental Subsidies and New Rental Construction) to alleviate the housing shortage for all low-income families in the San Diego area.

2) The San Diego Refugee Coalition should designate an agency to seek available funds to develop an information packet in the different Indochinese languages. The packet should be designed to provide refugees with information on their housing rights and responsibilities.

3) The refugee resettlement agencies and other support agencies in San Diego County should continue efforts to settle as many refugees as possible outside the Linda Vista area.

IN REGARDS TO COMMUNITY RELATIONS

1) The U.S. Department of State should intensify efforts to provide a more comprehensive orientation program to refugees before they arrive in the United States.

2) The County should coordinate community service agencies to conduct an outreach program to educate the public.

3) The County, cities, school districts, educational providers, and community service agencies should emphasize multi-cultural awareness, including Indochinese cultures, in program and in-service training programs.

IN REGARDS TO STATE AND FEDERAL BUDGETARY CONSTRAINTS

1) The state and federal governments need to make earlier fiscal decisions to assist local planners develop programs in a timely manner.

2) In recognition that all public funds, whether federal, state or local, all emanate from one finite source - the taxpayer - San Diego County endorses incentive funding of those programs which successfully integrate refugees into the local economy and thereby remove them from public assistance rolls.

IN REGARDS TO A CLIENT TRACKING SYSTEM

Requests for federal funding for a computer-based tracking system will be held in abeyance pending implementation and demonstrated effectiveness of the State Refugee Management Information System (RMIS).

IN REGARDS TO TRANSPORTATION

The State Transportation Department, the County's Department of Transportation and Department of Human Services, the City of San Diego's Paratransit Administration, the San Diego Refugee Coalition, the Comprehensive Planning Organization, the San Diego Transit Corporation, and other transportation authorities should develop and coordinate transportation resources, information, paratransit options, car and van pooling, and other special transportation assistance to meet the needs of low-income and minority groups.

IN REGARDS TO THE ROLE OF THE PRIVATE SECTOR

1) Twenty percent (20%) of federal funding for refugee social services in this County should be specifically designated for the Indochinese Mutual Assistance Association. This should be accomplished within six months.

2) All refugee-serving agencies receiving public funds should be monitored to ensure that contractual obligations are fully met.

3) Community-based organizations should work cooperatively with established service agencies and mutual assistance agencies in preparation for reduced public funding of refugee programs.

4) Temporary funding of mutual assistance agencies is recommended to strengthen these agencies for that point in time when funding is reduced or even eliminated.

5) County government should coordinate the efforts of refugee-serving agencies receiving public funds to enhance cost-effectiveness, minimize service overlaps and identify program gaps.

6) Agencies bidding for public funds must have an advisory board which is representative of clients served.

7) Develop improved corporate relationships to facilitate refugee employment opportunities.

IN REGARDS TO NEEDED PROJECTS

1) Periodic demographic studies, carefully designed and following scientific sampling procedures, which will provide broad information about relevant aspects of refugee life. In order to receive full refugee participation and for purposes of accuracy, such a study should be conducted by Indochinese interviewers.

   A demographic study through the joint auspices of ACCESS and San Diego State University currently is in the planning stages with a target completion date of September 30, 1981.

   The lack of current demographic data has been a major frustration in the preparation of a sound County plan and has sometimes forced sweeping generalizations without sufficient corroboration.

2) Research is needed to realistically determine what services are needed to achieve self-sufficiency. Such research might reveal, for example, that a refugee without formal education may need an extended period of cash assistance, ESL, health services and community orientation before self-sufficiency becomes a realistic expectation, while a college-educated refugee may need only job placement services.

3) Research could reveal refugee attitudes about what services they need and use.

4) An effectiveness measurement is needed for each refugee-serving program.

5) Information is needed about secondary migrants: who they are, why they come to San Diego, their unique needs and problems, and whether some form of control on secondary migration is indicated.

6) In recognition that most refugee employment, training and education programs are male-oriented despite females heading 35% of refugee households, research needs to identify which programs can be designed to meet the needs of females. The alternative for these women is long-term public assistance.

IN REGARDS TO SERVICES MESHING

Service program managers should commence a dialogue regarding the possible merger of compatible programs, including a mix of the public and private sectors. Funding priorities would be given to those agencies which demonstrate cost-effectiveness with one means of demonstration being program mergers.

Refer to Section IV - 5 for numerous education-related recommendations.

SECTION I

IDENTIFICATION

COUNTY MASTER PLAN
FOR REFUGEE RESETTLEMENT

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SECTION II

BACKGROUND

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Section II - 1. GOALS AND OBJECTIVES OF COUNTY PROGRAM

The County of San Diego recognizes that refugee resettlement is a federal program and, therefore, basically a federal responsibility. However, the development, coordination and implementation of effective community programs can most efficiently be handled at the local level.

The ultimate objective of the San Diego County Plan is the total integration of all refugees into the mainstream of community life.

The terms "integration" and "assimilation" often are used interchangeably in discussing the efforts of new groups to establish and develop roots in a new society. The latter term, however, often implies a one-sided adjustment. Integration, in contrast, allows "unity within diversity." Individuals integrated in a new society are changed by association with others but retain their cultural identity. They come to a new land and accept its norms and institutions but strive to keep their traditions and values.[1]

In recognition of the needs of other disadvantaged groups, and in the best interests of already over-extended taxpayers, it is reasoned that the most effective means of refugee integration into their new communities is via economic self-sufficiency. The pride which comes with economic independence can promote self-respect, family cohesion, and community acceptance.

Also recognized by San Diego County planners, however, is the overriding basic need for family reunification in every situation where this is humanly possible. The very young, the elderly and the disabled must be united with their families in every possible circumstance without regard to prospects for self-sufficiency.

The San Diego County Plan calls for a wide-range of supportive services many of which are supplementary to self-sufficiency objectives. In subsequent sections of this plan are detailed descriptions of job placement assistance, training and rehabilitation opportunities, educational programs, and transportation resources.

The vast majority of refugees, however, are not particularly close to job-readiness, and will need cash assistance, medical care, social services for adults and children, acculturation programs, housing services, community support, and English and skills training.

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[1]Ha Ton Vinh, "Indochinese Mutual Assistance Associations," Journal of Refugee Resettlement, Vol. 1, Number 1.

While all of the aforementioned services are in place at this time, all are stretched perilously thin because of limited funding. We will attempt to demonstrate in this report that, despite strong collaboration between the public and private sectors, increased federal assistance is essential to meeting demonstrated refugee needs.

In recognition that increased federal assistance impacts all taxpayers - including San Diego's - requests for increased funds are directed towards services essential to economic self-sufficiency. Thus, today's tax expenditures become tomorrow's tax savings.

Finally, any goals statement would be remiss without recognition given to the courage demonstrated by refugees in the face of discouraging odds. Most have experienced the loss of family, friends, and material possessions, and all have lost their homes and country. They have endured squalid relocation camps, and are now facing the challenge of resettlement into a new country with a different language, culture and values. It is a challenge which both the refugees and their new communities must accept in an intelligent, cooperative manner. San Diego County will extend every possible effort to provide a safe, caring environment to the new residents.

Section II - 2. REFUGEE GROUPS COVERED AND RATE OF INFLOW

This county plan is intended to provide for refugee groups from Vietnam, Cambodia and Laos. However, its provisions are broad enough so that with minor adjustments it would be applicable to refugees from Cuba, Haiti, El Salvador, and other potential sources of additional refugees.

It is anticipated that expansion of this plan to cover Hispanic refugees would be relatively easy because of many local Spanish-speaking resources, the proximity of San Diego to the Mexican border, and the cultural overlap between San Diego and the Hispanic nations.

Rate of Flow

Based on Department of Social Services calculations of aid applicants, the April 1981 population of San Diego County refugees is estimated at 22,000 - 24,000.

Refugee population data is seriously deficient in that there is no accurate data available for refugees received prior to mid-1978, no means to tabulate a secondary migration estimated at 38% annually (based on Department of Social Services aid applications), and no mortality rates available.

The rate of inflow appears to be diminishing, based on the Rate of Flow Chart (persons resettled by VOLAGS), and the first reduction in the number of recipients of Refugee Assistance.

VOLAG representatives estimate that the number of new arrivals has decreased from 500 per month in the early months of 1981 to approximately 350 per month at this time.

RECOMMENDATION:

Because of limited resources, San Diego County recommends a return to the annual limit of 50,000 refugees admitted nationwide, as originally specified in the Refugee Act of 1980.

Indochinese Refugee Granted Caseload Indicators Summary

Month/Year	RAP Total Cases	RAP % Increase from Prior Mo.	RAP Total People	AFDC LINKED Total Cases	AFDC LINKED % Increase from Prior Mo.	AFDC LINKED Total People	MEDI-CAL Total Cases	MEDI-CAL % Increase from Prior Mo.	MEDI-CAL Total People
Jan, 1981	2605	+3.1	5595	1887	+5.0	7150	226	- .8	510
Feb, 1981	2706	+3.9	5714	1937	+2.6	7389	197	-12.8	469
Mar. 1981	2529	-6.5	5349	1818	-6.1	6917	171	-13.2	452

RATE OF FLOW CHART

City	Mid 1978 to 7-80	7-80	8-80	9-80	10-80	11-80	12-80	1-81	2-81	3-81	Total
Alpine	0	0	0	0	0	0	3	0	0	0	3
Carlsbad	5	0	1	0	0	0	1	3	0	0	10
Chula Vista	23	13	5	0	0	0	5	0	3	0	48*
Coronado	6	0	0	0	0	0	3	1	0	0	10
Del Mar	5	0	0	0	0	0	0	0	0	0	5
El Cajon	59	75	34	33	22	14	22	28	10	14	309*
Encinitas	1	0	0	0	0	0	6	0	0	0	8*
Escondido	22	15	10	34	16	0	0	12	15	5	131*
Fallbrook	10	0	0	0	0	0	0	5	0	0	15
Imperial Beach	7	0	0	0	0	0	1	1	3	0	11*
La Jolla	27	0	0	0	0	0	3	0	1	0	31
Lemon Grove	2	0	0	0	0	2	0	0	0	0	4
National City	26	3	4	0	0	15	0	3	4	1	56
Oceanside	17	0	0	0	0	0	0	0	0	8	25
Poway	6	0	0	0	0	0	0	0	0	0	6
San Carlos	7	0	0	0	0	0	0	0	0	0	7
San Diego	5,622	647	352	393	354	788	287	359	303	268	9,341*
San Marcos	6	0	0	0	7	6	0	0	5	0	24
Santee	3	3	0	1	1	0	3	2	0	0	10*
Spring Valley	20	0	0	0	0	0	0	0	0	0	20
Valley Center	18	0	0	0	0	0	0	0	0	0	9*
Vista	28	3	0	1	0	13	0	24	5	0	60*
The Willows	7	0	0	0	0	0	0	0	0	0	7
	5,938	761	408	462	400	838	334	438	351	296	10,150

*Denotes mathematical discrepancies in data provided by State Department

Section II - 3. SUMMARY OF STATEMENT OF NEEDS

The following needs are submitted as basic to meet the County objective of total integration of all refugees into the mainstream of communtiy life:

1) a responsibility shared by all nations to provide for those who must leave their own countries

2) a recognition by the federal government that refugees are a national responsibility

3) legislators who will enact wise, compassionate laws

4) levels of service compatible with thinly-stretched revenues

5) federal and state governments that will be responsive to county plan recommendations

6) all of the nations's available technical expertise to bring some element of order to a most complex situation

7) refugees who will take advantage of available opportunities

8) a recognition that we should not do things for refugees, but rather teach them so they can do them for themselves

9) mutual respect for individual differences in culture, language and values

10) coordination, communication and cooperation in all public and private sectors working together

11) recognition that a "county plan" is a full alliance of the public and private sectors

12) regular reviews of policies in all programs to ensure realistic, meaningful activities

13) thoughtful planning involving all concerned parties before initiating a course of action

14) tolerant citizens who will attempt to learn something about and from their refugee neighbors

15) a spirit of humanitarianism

16) an appreciation of Mutual Assistance Agencies that have so much to contribute to the successful settlement of refugees

17) adequate multi-year funding for all refugee-serving agencies

18) careful consideration of future immigration laws, recognizing that the nation does not have inexhaustible resources

19) a recognition that on the whole this is the most disadvantaged group of immigrants in the nation's history

Section II - 4. ADMINISTRATIVE RESPONSIBILITY (PUBLIC AND PRIVATE SECTORS)

Overall responsibility for the development and implementation of the County Refugee Program has been assigned by the Health and Welfare Agency to the County Board of Supervisors.

Staff assistance to the Board on this matter has been assigned to the County Coordinator of Refugee Affairs and the County Plan Project Manager, both of whom are attached to the Department of Social Services.

Administrative responsibility for the major program areas of employment, health, social services, education, etc., is retained by the participating agencies.

San Diego County is concerned about the federal government's role in refugee planning, particularly as this relates to the roles of state and local government as follows:

1) Federal refugees resettlement policies are presently developed without the involvement of state and local governments which are heavily impacted by these decisions.

2) Current resettlement policies appear to be based solely upon the ability of the voluntary agencies to handle a specific volume.

3) Resettlement plans are now developed without consideration of resources (e.g., undocumented persons and secondary migration of refugees, both of which already are draining available resources, housing, schools, health care, etc.) available in the communities to deal with the impact of the refugees.

4) Sponsorship agreements are not currently enforced; commitments should be binding until the refugee is self-sufficient - or, at a minimum, for a specified period of time.

5) The federal government should establish a fair share formula for distribution of refugees nationwide.

6) Legislation should be enacted to provide advance funding to state and local governments based on a projected cost formula for financial aid, social services, and community services such as health and education.

San Diego County requests that the federal government should develop clear objectives and goals for refugee programs, as follows:

1) The authority and responsibility for refugees at the federal level should be contained in a comprehensive resettlement plan designating a single federal agency to coordinate the federal

government's areas of responsibility.

2) At the local level counties should be designated the planning agency for implementation of federal policy.

3) The roles and responsibilities of each public and private agency should be clearly delineated.

4) State and local governments, associations such as the National Association of Counties and the American Public Welfare Association, the San Diego Refugee Coalition, and voluntary agencies should be involved in the development of these objectives and goals.

5) A national data collection system is urgently needed as part of a general resettlement plan which will provide the following:

   a) secondary migration information

   b) resettlement monitoring

   c) evaluation of program effectiveness

   d) essential information for program planning and for local health and community services planning

   e) rational bases for the allocation of resources

   f) coordination and communication between public and private program providers

SECTION III

ADMINISTRATION OF CURRENT
COUNTY PROGRAM (FFY 80-81)

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5. Coordination with State agencies, other counties, cities and communities.....11

6. List of projects (contractor, contact person, area served, type of services, funding level).....14

Section III - 1. GENERAL DESCRIPTION OF COUNTY PROGRAM

San Diego County has a comprehensive refugee program fully operational during this FFY 1980-81. The reader is referred to Section IV of this report for descriptions of services in the areas of employment, cash assistance, health, social services, education, acculturation, community relations, housing and refugee community support. Coordination efforts in these programs are described in Section III - 5.

The general intent of the 1980-81 program has been consistent with that which is proposed herein for 1981-82: total integration of the refugee into the mainstream of community life. A primary means of accomplishing this objective has been via assisting the refugee towards social and economic self-sufficiency.

Numerous recommendations for improved programs in 1981-82 follow, and are largely based on experiences during the present fiscal year. These recommendations follow a recurring theme: that refugee resettlement is primarily a Federal problem, but the Federal government has thus far not met its responsibility for adequate funding of local programs. Consequently, an unreasonable burden has fallen on local resources, greatly diminishing the effectiveness of current programs.

The description of the existing 1980-81 program and the plan for the 1981-82 program both emphasize the critical need for full utilization of the private sector. Any successful resettlement effort demands a complete partnership between the public and private sectors from the initial planning stages through a final evaluation process.

Section III - 2. AMOUNT AND SOURCES OF FUNDING (GOVERNMENT AND PRIVATE)

Refer to Section III - 6 for a listing of County projects and their funding levels, as available.

RECOMMENDATION:

In recognition that all public funds, whether federal, state or local, all emanate from one finite source - the taxpayer - San Diego County endorses incentive funding of those programs which successfully integrate refugees into the local economy and thereby remove them from public assistance rolls.

Section III - 3. DATA SYSTEM AVAILABLE

Each refugee-serving agency in San Diego County is responsible for developing its own client data system, and since there has been no centralization of this task, the completeness of collected data varies considerably among the agencies. There is no single, comprehensive, centralized system available at this time, and unlikely to be one until funding is provided for establishing such a system.

With limited funding, some program components suffer from neglect, and this is often the data system. Agencies tend to become so involved in daily client issues that the efforts needed for a good data system are often channeled elsewhere. Another factor which has contributed to an inadequate data system is that secondary migrations quickly tend to invalidate accumulated information.

One of the County's more complete data systems is that of the Department of Social Services with its sophisticated Electronics Data Processing (EDP) Program, the results of which are generated to the State on a regular basis.

The County Department of Social Services is currently participating in the testing phase of the State's Refugee Management Information System (RMIS) and is also evaluating an EDP equivalent to the RMIS form. We hope that the RMIS Program will fulful the County's need for a data system and client tracking system.

Section III - 4. ACTIVITY REPORTS

On September 16, 1980, the San Diego County Board of Supervisors directed the Chief Administrative Officer to submit quarterly reports providing the following information:

1) population

2) welfare assistance

3) English language skills

4) school district enrollment

5) population distribution

The second of these reports, dated May 4, 1981, is appended as Exhibit 1.

The quarterly report is prepared for the CAO by the County Coordinator of Refugee Affairs.

Section III - 5. COORDINATION WITH STATE AGENCIES, OTHER COUNTIES, CITIES AND COMMUNITIES

San Diego County recognizes that an effective refugee plan requires communication and cooperation among all involved agencies at the national, state and local level from both the public and private sectors. Two efforts toward this objective have been the San Diego County Committee on Refugees and the San Diego Refugee Coalition.

On November 20, 1979, (8), the Board of Supervisors approved the recommendation of Supervisor Jim Bates to form the Interjurisdictional Task Force on Indochinese Refugees, since renamed the San Diego County Committee on Refugees. The goal of the Task Force was to gather pertinent information and compile a report concerning Indochinese refugees in the following areas: Health, Housing, Employment, Education, Transportation, Social Services, and Cultural Awareness and Acceptance.

The mission statement for this Committee states its purpose is:

> To monitor and facilitate responsiveness of public agencies to needs of the local resettlement process and to review policy issues that cannot be resolved through the Refugee Coalition. The committee will serve as a forum to:
>
> 1) Assist in coordinating public agency refugee services in San Diego County.
>
> 2) Assist the Refugee Coalition to gain access to public agency services.
>
> 3) Update information on legislative activities relative to refugees.
>
> 4) Coordinate and disseminate information regarding refugees.

The Task Force was made up of one member from each of the following: Federal, State, San Diego County, and San Diego City governments, San Diego City Schools, San Diego County Schools, San Diego Community College District, Regional Employment and Training Consortium, and the Refugee Coalition of San Diego County (Exhibit 2).

Information was provided to the Task Force through public hearings, meetings, reports by San Diego County staff, input from other governmental jurisdictions, and relevant publications. In addition, each of the Task Force members provided his/her agency's experiences in dealing with refugee concerns. Much of the basis for this county plan has been drawn from the Interjurisdictional Task Force Report and its recommendations.

San Diego Refugee Coalition

The Coalition shares information and makes recommendations to the State Forum (representative of local coalitions).

This coalition is composed of public and private sector service providers including VOLAGS and school districts. The Coalition is comprised of committees including legislative, education, health, employment services, social services and the Mutual Assistance Association. All committees participated extensively in the preparation of this County Plan.

The mission statement for the Refugee Coalition states it's purpose is: to establish communication amongst agencies working with the Indochinese refugees and to write letters of support for the rights of Indochinese refugees in San Diego County. This is to be accomplished by formulating committees for the following purposes:

A. Legislative Committee: duties to include
   1. Review legislation, bills (local, state, and federal) pertaining to refugees.
   2. Make recommendations to the Coalition, draft letters of support for Indochinese rights and interests.
   3. Research, gather information on potential funding resources for Indochinese refugees' services.

B. Employment/Training Committee:
   1. To coordinate and establish linkages with and among employment/training related programs (for Indochinese or non-Indochinese).
   2. Present client input on employment/training program on the effectiveness or shortcomings of these program (s).
   3. Make recommendations/advocate for new program (s).
   4. Public Service announcement (speakers' bureau) to include:
      a. radio and television announcement
      b. letters to employers on potential job openings and availability.

C. Education Committee:
   1. To coordinate and establish linkages with existing ESL program (s).
   2. Provide client feedback on the effectiveness and shortcomings of these program (s)
   3. Make recommendations/suggestions.
   4. Cultural Awareness: coordinate with existing Indo-Chinese agencies on impacting the larger community on Indochinese culture.

D. Social Service Committee:
   1. To coordinate and establish linkages with existing social service agencies (Indochinese/non-Indochinese).
   2. Provide client feedback on social service program,

and make recommendations.

3. Make recommendations/advocate for additional needed services.
4. To provide a social service resource directory for the Coalition.

Membership

Membership to the Coalition shall be representative (s) of agencies and mutual assistance group (s) serving Indochinese. For purposes of clarification, agency shall be defined as any public entity or private non-profit entity.

Attendance and participation is open to all interested individual, and shall be classified as Member-at-Large.
Voting is restricted to member agencies/mutual assistance groups. Agencies/mutual assistance groups to delegate representative, and an alternate.

Other Coordination Activities

San Diego County has also participated in most other meetings and training opportunities at a state and local level which have been related to refugee issues.

One activity in which San Diego County has had no involvement has been the Citizens Advisory Committee which advises the Governor's Task Force. San Diego should be represented on this committee and recommends that an appointment be made at the earliest possible date.

Despite the activities of the San Diego County Committee on Refugees and the San Diego Refugee Coalition, there has been some lack of coordination in refugee-related programs. Refugee-serving agencies have recommended that the County Government play a stronger role in this coordination effort, perhaps with the refugee coalition serving in an advisory capacity.

Summary

There should be clear lines of access to the key federal and state decision makers in the Refugee Program so that the local process can effectively inform and influence the development of national and state policies. Accordingly, the County offers the following general recommendations regarding program development and policy consultation:

RECOMMENDATIONS:

1. The concerns of San Diego County and local jurisdictions should

continue to be represented in statewide meetings through the San Diego Refugee Coalition participation in the California Forum on Refugee Affairs.

2. San Diego County should be represented on the Citizen Advisory Committee which advises the Governor's Task Force on Indochinese Refugees.

3. The Federal Regional Office of Refugee Resettlement in the Department of Health and Human Services and State of California, Office of Refugee Affairs and Department of Social Services, should continue to provide staff representation and participation in monthly San Diego Refugee Coalition meetings and other refugee forums.

4. The City of San Diego, in particular, should be encouraged to maintain contact with the Task Force on Refugees of the U.S. Conference of Mayors to ensure that local experiences and concerns are reflected within this group.

5. The development of the Indochinese mutual assistance associations and their involvement in the design of policies and programs affecting their constituency should be given continuing encouragement and support.

6. The U.S. Department of State and the U.S. Department of Health and Human Services (formerly H.E.W.) should provide a vehicle for receiving input on a regular basis from local jurisdictions on Indochinese refugees.

7. The U.S. Coordinator for Refugee Affairs of the Department of State should establish a West Coast Regional Office to deal with specialized local refugee concerns.

8. County government to explore methods of assuming a stronger coordination role, perhaps with the Refugee Coalition in an advisory capacity.

Section III - 6. LIST OF PROJECTS

Private Agencies

1. Access

   Indochinese Refugee Assistance Center
   6970 Linda Vista Road
   Post Office Box 11324
   San Diego, CA 92111
   292-6911, 560-0871

Mr. Hal Rowe, Manager

Services: Information, Referral and Employment-Related Services. Title XX Social Services for Indochinese. English language and employment/training. Career planning. Immigration and naturalization services.

Languages: Vietnamese, Cambodian, Laotian, Hmong

Funding Level:
State DSS: $440,000.....10/1/80 - 9/30/81 (Title XX)
CETA: $289,000.....10/1/80 - 9/30/81
CETA, Title VII: $100,000.....4/16/80 - 9/30/81
State Dept. of Educ: $120,000.....7/1/80 - 9/30/81

2. Bayside Settlement House
2202 Comstock Street
San Diego, CA 92111

Mr. Juan Pomares, Director

Services: Social services, and a weekly acculturation class for Vietnamese elders. Hosts a family food cooperative which is open to the entire Linda Vista community. Location of a San Diego Community College District Adult ESL Class.

Language: Vietnamese

Funding Level: No refugee specific funding

3. Center for Indochinese Health Education
University Hospital
225 Dickinson Street
San Diego, CA 92103

Dr. Bob Mosier, Director

Services: Funded through Title XX monies through the Office of Refugee Resettlement, State Department of Social Services. Contracted to provide translation, transportation and health-related services to Indochinese refugees in San Diego. Staff includes four full-time medical translators/health educators who provide services within the clinical environment of University Hospital.

Funding Level: State: $246,980.....10/1/80 - 9/30/81
Are proposing to continue project at slightly higher budget (administrative changes and cost of living).

4. Indochinese Family Planning Outreach and Education Project
6973 Linda Vista Road
San Diego, CA 92111
279-9675

Randy Golden-Grant, Manager

Services: Community education groups, family planning, agency training and consultation, cultural awareness education, media development.

Funding Level: This project is funded by the State Office of Family Planning. It began in July, 1979, and will continue at least through June, 1982. Although the project office is at Linda Vista Health Care Center, all services are offered county-wide. The project is staffed by a Project Coordinator and Indochinese Outreach workers.

Informational and education grant
State: $156,000.....7/1/79 - 6/30/81
Refunded for SFY 81/82: $61,000

5. Indochinese Psychological Counseling Program
2171 Ulric Street, Suite 1-C
San Diego, CA 92111
292-4175

Nguyen Ngoc Quyen, Manager

Services: Provides at no cost psychological services to Indochinese regugees residing in San Diego County. Services include (but are not limited to) the following: Individual, group and family counseling, crisis intervention, assessment and management of severe mental health distrubances, referral and linkage to community resources, advocacy services, community outreach (liaison, education, cultural awareness and preservation, consultation to individuals and organizations serving refugees).

Languages: Vietnamese, Chinese, Laotian, Hmong, Cambodian, Thai

Funding Level: See Linda Vista Health Care Center

6. Indochinese Service Center
1031 25th Street, Suite B
San Diego, CA 92102
235-9710

Bok-Lim Kim, Director

Services: Health and emergency services, home management, mental health, information and referral, community cultural awareness, education, and professional/paraprofessional training.

Languages: Vietnamese, Cambodian, Laotian, Hmong, Thai, Chinese, Khmer

Funding Level: DSS: $824,100 support services
Mental Health: $135,000.....10/1/80 - 9/30/81

7. International Rescue Committee (VOLAG)
1419 University Avenue
San Diego, CA 92103
299-3411

Cindy Jensen, Director

Services: Provides resettlement services for refugees

Languages: Vietnamese, Laotian, French

Funding Level: $500 per capita, Private Contributions.

8. Linda Vista Health Care Center
6970 Linda Vista Road
San Diego, CA 92111
279-0925

Mr. Bill Rose, Ms. Randy Golden Grant, Mr. David Poindexter

Services: Community Health Care System for Linda Vista area. Indochinese Family Planning Education Project for San Diego County.

Languages: Vietnamese, Laotian, Hmong, Cambodian

Funding Level:

County:	$178,140
Medi-Cal	169,554
Medicare	3,956
Patient Care	23,760
Child Health Dis. Program	33,600
State (Family Planning)	107,275
Federal	2,709
First and third party Medicare and Medi-Cal	9,357
Other	47,828
Total	$576,179

9. Lutheran Immigration and Refugee Service (VOLAG)
4011 Ohio Street
San Diego, CA 92104
284-6724

Mr. Tam Duc Tran, Manager

Resettlement Services

Funding Level: $500 per capita, Private Contributions.

10. Pan Asian Parent Education Project (PEPEP)
1031 25th Street
San Diego, CA 92102
235-9750

Song Ja Park, Director

Services: Child Abuse Prevention, Parent-Child Relationship Counseling, Crisis Intervention, information and referral.

Language: Japanese, Samoan, Vietnamese, Korean, Philipino

Funding Level: See Union of Pan Asian Communities

11. Refugee Assistance Program - CWS (VOLAG)
1420 Third Avenue
San Diego, CA 92101
232-1041

Mr. Do Thien, Manager

Refugee Resettlement Services

Language: Vietnamese

Funding Level: $500 per capita, Private Contributions

12. Social Advocates for Youth (SAY)
2344 Burroughs Street
San Diego, CA 92111

Services: Counseling and Community Development

Funding Level: No refugee-specific funding

13. Strengthening Family Life - Family Service Association
7645 Family Circle
San Diego, CA 92111
279-0400

Mr. Ron Reneau, Director

Services: Individual and family counseling, community work, family life education.

Funding Level: No refugee - specific funding.

14. Union of Pan Asian Communities (UPAC)
2459 Market Street
San Diego, CA 92102
232-6454

Beverly Yip, Director

Services: Social services and counseling, housing referrals, employment services, educational opportunities, public assistance problems, immigration problems, law enforcement problems, medical assistance, legal aid, consumer affairs, interpretation services, advocacy, senior citizens assistance, youth activities, monthly newsletter, research.

For the past seven years, UPAC has been providing social services under contract with local, state and federal agencies. Total agency revenues were approximately $1.4 million dollars for fiscal year 80-81.

PROGRAM	SOURCE OF FUNDING	AMOUNT OF FUNDING
Special Services CO/Planning	County of San Diego Community Action Partnership	67,741
Pan Asian Senior Services	County of San Diego Area Agency on Aging	33,864
Senior Nutrition	County of San Diego, Area Agency on Aging	70,502
Pacific Asian Preventive Program	County of San Diego, Community Mental Health	112,000
Indochinese Service Center	California Department of Social Services	824,000
Indochinese Mental Health Services	California Department of Mental Health	135,000

Indochinese Urban Youth Corp	California Youth Authority	40,000
Pacific Asian/Latino Training Center	National Institute of Mental Health	94,340
Pan Asian Parent Education Project	National Center on Child Abuse and Neglect	85,000

UPAC Represented agencies:

Cambodian Assoc. of San Diego
4674 Auburn Drive
San Diego, CA 92105
282-9555

Chinese Social Service Center
428 Third Avenue
San Diego, CA 92101
234-4447

House of China
Balboa Park
San Diego, CA 92101
232-6454

Hui-O-Hawaii
752 Grand Avenue
Spring Valley, CA 92077
276-2996

Japanese American Citizens Lg.
Post Office Box 2459
San Diego, CA 92112
232-6454

Korean Assoc. of San Diego
2318 30th Street
San Diego, CA 92102
283-3976

Lao Community Association
4379 30th Street
San Diego, CA 92104
280-2124

Lao Friendship Association
721 Quail
San Diego, CA 92102
262-7747

Maylaysian American Society
4252 Mt. Herbert Avenue
San Diego, CA 92117
232-6454

Pacific Asian Coalition
2459 Market Street
San Diego, CA 92102
232-6454

Philippine American Community
of San Diego
2926 Market Street
San Diego, CA 92102
232-2692

Samoan Association of America
2459 Market Street
San Diego, CA 92101
232-6454

Samoan Seniors Club
2459 Market Street
San Diego, CA 92101
232-6454

Thai Association of San Diego
2459 Market Street
San Diego, CA 92101
234-6874

Vietnamese Alliance Association
4379 30th Street
San Diego, CA 92104
280-2124

Vietnamese Community Foundation
5151 College Gardens Court
San Diego, CA 92115
582-1270

15. United States Catholic Conference (USCC) (VOLAG)
6970 Linda Vista Road
Post Office Box 11324
San Diego, CA 92111
560-6656

Mrs. Gwen Plank, Manager

Services: Refugee resettlement, housing, orientation, education, employment and referral

Languages: Vietnamese, Laotian, Hmong, Cambodian, Spanish, etc.

Funding Level: $500 per capita, Private Contributions

16. Voluntary Agency Employment Services Consortium (VESC)
1419 University Avenue
San Diego, 92103
291-0030

Chris Randazzo, Project Coordinator

Services: Employement assessment, counseling, job development, job placement and follow-up.

Languages: Vietnamese, Hmong, Lao, Thai, Khmer

Funding Level: State DSS $97,000/yr
VOLAGS $25,809/yr

17. World Relief (VOLAG)
4445 Laurel Street
San Diego, 92105
263-4405

Gary Coombs, Director

Services: Refugee resettlement

Funding: $500 per capita, Private Contributions

Community Organizations

Indochinese Mutual Assistance Association (IMAA)
6970 Linda Vista Road
San Diego, CA 92111
292-6911

Mr. Nguyen Van Nghi, Chairman

Services: A coalition of mutual help agencies providing assistance to those with problems adapting to a new way of life.

Languages: Vietnamese, Lao, Khmer, Hmong, Chinese

Member Agencies

1. Lao Community Association of San Diego
   637 Quail Street
   San Diego, CA 92102
   262-7804

   Mr. Khamphanh Luangviseth, President

2. Lao Friendship Association
   723 Quail Street
   San Diego, CA 92102
   262-7747

   Mr. Bounmy Soukbandith, President

3. Lau Family Inc.
   2288 Crandall Drive
   San Diego, CA 92111
   278-7841

   Mr. Vu Ker, President

4. Cambodian Association of San Diego
   3866 47th Street
   San Diego, CA 92105
   281-2418

   Mr. Chhay Beng Siev, President

5. Vietnamese Catholic Community of San Diego
   2750 Marathon Drive
   San Diego, CA 92123
   279-6227

   Nguyen Van Nghi, President

6. Vietnamese Alliance Association
   4635 Sauk Avenue
   San Diego, CA 92117
   275-1282

   Dr. Nguyen Huu Xuong, President

7. Hung Vuong Youth Organization
5739 Abernathy Way
San Diego, CA 92117
571-8953

Mr. Chu Quoc Loi, President

8. Vietnamese Community Foundation
5151 College Gardens Court
San Diego, CA 92115
582-1270/5405

Phan Quy Hung, President

9. Vietnamese Military and People Association
731 Oneontar Ave.
Imperial Beach, CA 92032
575-0680

10. Vietnamese Elderly Association of Southern California of San Diego
6245 Adobe Drive
San Diego, CA 92115
287-2719

Mr. Do Loi Thiep, President

11. Vietnamese Air Force Veterans Association
9635 Mast Blvd.
Santee, CA 92071
449-0324

Mr. Tran Trong Khoung, President

12. Vietnamese Educational and Cultural Association
11712 Giles Way
San Diego, CA 92126
566-4593

Mr. Vu Minh Tran, President

13. Association for Vietnamese Cultural Events
4635 Sauk Ave.
San Diego, CA 92117
275-1282

Dr. Nguyen Huu Xuong, President

14. S.O.S. Boat People Committee
6970 Linda Vista Road
San Diego, CA 92111
292-6912

Dr. Nguyen Huu Xuong, President

15. Vietnamese Buddhist Association in San Diego
8623 Tommy Drive
San Diego, CA 92119
469-4065

Mr. Vo Sum, President

16. Vietnamese Pharmacists Association in USA
10472 Stanfield Circle
San Diego, CA 92126
566-0944

Dr. To Dong, President

17. Pre-Legal Aid Services For Indochinese
6970 Linda Vista Road
San Diego, CA 92111
292-6912

Mr. Nguyen Huu Gia, President

18. Lao Volunteer Action Club in U.S.A.
724 44th Street
San Diego, CA 92102
263-5556

Dr. Boualanh Chanthapraseuth, President

Public Agencies

1. Refugee Assistance Program (Department of Social Services)
5201 Ruffin Road
San Diego, CA 92123
560-3600

Mr. Bill Bruner, Administrator

Services: Cash assistance program administered by San Diego County Department of Social Services

Languages: Vietnamese, Cambodian, Laotian

Funding Level:	County:	$ 1,116,757	
	Total of Federal and County:	22,953,471	1980-81
	County:	3,033,258	
	Total of Federal and County:	31,097,679	1981-82

2. Refugee Children Services Unit
6950 Levant Street
San Diego, CA 92111
560-3326

Mr. Jacquemet, Senior Supervisor

Services: Responsible for refugee unaccompanied minors and abuse/neglect protective services to all refugee minors.

Languages: Vietnamese, Chinese

Funding Level: Approximately $89,500 per year for foster home placement of 250 unaccompanied minors @ $358/month

4. San Diego County Department of Social Services
Indochinese Orientation and Employment Program (IOEP)
1400 Park Boulevard
San Diego, CA 92101
236-4240

Mr. Mike Campbell, Administrator

Services: Employment screening and assessment, training counseling, ESL, vocational training, job search, placement and counseling, outreach, follow-up and child care.

Languages: Vietnamese, Cambodian, Laotian, Hmong

5. State Employment Development Department (EDD)
1354 Front Street 4465 Mercury Street
San Diego, CA 92101 San Diego, CA 92111

Hal Jack, Manager

Services: Primary employment service programs serving Indochinese: WIN, Job Corps, Job Search Workshops, CETA screening and placement, job placement, Refugee Employment Program.

TOTAL FUNDING of Programs Providing Services to Indochinese Refugees (FFY 1980-81) $23,303,154

(Includes Welfare, AFDC and RAP, grants-in-aid; does not include Food Stamps or Medi-Cal benefits costs.)

Funding Sources	Approximate Amounts
Federal	$ 17,364,780*
State	1,497,521**
County	142,534
Local School Funds	4,272,939
Other	25,380***
Total	$ 23,303,154

*Approximately $13,530,000 are channeled through County programs.

**Approximately $314,000 are channeled through the County's IOEP Program.

***Voluntary service association costs are unknown.

SECTION IV

ANALYSIS OF NEEDS AND MAJOR PROBLEM AREAS

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Section IV - 1. EMPLOYMENT SERVICES

Most Indochinese refugee adults have the potential to be gainfully employed. Very few are too old or too disabled to work. Many refugees are able to be placed in jobs--usually at or near the minimum wage--soon after their arrival through the efforts of the voluntary resettlement agencies. For many others, however, employment is not possible until they have gained some knowledge of English, have had work orientation, and, in some cases, have received vocational training.

In San Diego County there are several sources of employment counseling and vocational training available to all refugees through the 1980 Refugee Act. Some are designed specifically for Indochinese refugees such as the Indochinese Orientation and Employment Program (IOEP), Project ACCESS, and Voluntary Agencies Employment Services Consortium (VESC); others are for the general or low income public such as the State Employment Development Department, various educational institutions, Regional Occupational Program (ROP), RETC and Job Corps. The major sources of funding for activities specifically for Indochinese are the State Department of Social Services (IRAP contracts), HEW Special Project funds, and RETC. About $1.07 million are allocated to these Indochinese employment and training programs locally. The other programs cited above are providing services to Indochinese; however, they are not geared specifically to accommodate the refugees and most require a basic proficiency in English.

The Department of Social Services' IOEP Program is the largest of the Indochinese training programs and is currently serving 1900 refugees per month. ACCESS is currently serving 850 per month, while the Voluntary Agencies Employment Services Consortium (VESC) serves another 650.

The major concerns identified by the training program providers and service agencies are as follows:

- Lack of sufficient English language training in order to obtain certain training/employment opportunities.
- Lack of transportation and child care.
- Potential under-employment of refugees resulting in continuation on welfare after being employed.

Another major source of training programs is RETC. This organization contracts with local training agencies for programs funded under the Comprehensive Employment and Training Act (CETA) and administered by the Department of Labor (DOL). RETC funds may be utilized for employment and training services through local training schools and

and organizations, and for public service employment through local public and private non-profit agencies.

The State Employment Development Department (EDD) field offices in San Diego County recently reported that an average of 450 Indochinese refugees per month (approximately 5% of the total caseload) are receiving employment assistance. Services are primarily provided through the WIN, Job Corps, Job Search Workshops, and job placement programs. For better coordination of employment services, EDD has outstationed staff at IOEP and is a member of the San Diego Refugee Coalition.

Specific employment services provided by local agencies include:

A. Outreach Services To enable the Indochinese population to have current and accurate knowledge about the availability of public and private resources which can aid in the removal of barriers to employment. Method of delivery is through a comprehensive newsletter, brochures and community organization programs.

B. Assessment Services Evaluate the assets and needs of refugees of employable age with the goal of identifying employability, and considering family or environmental barriers to employment.

C. English as a Second Language (ESL) Instruction Emphasis on vocational English, including survival English, particularly as it relates to obtaining and retaining a job.

D. Vocational Training Training as a part of an individual employability plan for refugees who have received some type of ESL. This training is designed to provide Indochinese refugees with skills necessary to enter the San Diego job market. In two of the agencies, participants are placed directly into employment or provided with job placement assistance (IOEP and ACCESS).

E. Employment Services Includes all those employment-related services designed to assist Indochinese refugees in achievement of economic self-sufficiency. The method of delivery of these services is through:

1. Career counseling
2. Development of an employability plan
3. Job orientation
4. Job development
5. Job upgrade
6. Job placement

7. Follow-up (Employer and employee)

8. World of work orientation

9. Job club (Group counseling and sharing)

In addition to those listed above, a variety of other services are provided in support of the manpower employment services. These services are indirectly related in that they assist the refugee in becoming more employable. Services in this category include:

1. Childcare services

2. Immigration assistance

3. Transportation

4. Linkages to other NON-RAP services

RECOMMENDATIONS

1. This County concurs with the State's philosophy that employment-related services should be a chief concern in the allocation of funding. San Diego County defines employment-related services as including English-as-a-Second-Language classes. Lack of English language proficiency is perceived as being the greatest barrier to employment for refugees in San Diego. As of late April, 1981, approximately 570 persons have been transferred from the Refugee Assistance Program to AFDC. Of this group, 456 are monolingual in their native language. Funding for English as a Second Language must continue to play a significant role in the program.

2. Funding must be concentrated in directly employment-related services. Other support services, such as initial comprehensive orientations, child care and health services must be accepted as the responsibility of the voluntary agencies, the mutual assistance associations and other private sector programs. All specialized programs should be considered as supportive to the priority of employment.

3. Of the time-expired refugees, 50 percent of those who are applying for job assessments in San Diego are from other areas of the country. Counties receiving the brunt of secondary migration also receive the burden of secondary migrants' unpreparedness for employment. California's emphasis on employment-related services must be the emphasis of all states and counties participating in refugee resettlement.

4. The State Employment Development Department, the County's De-

partment of Social Services, the Regional Employment and Training Consortium, the Regional Occupational Program, the Indochinese Refugee Assistance Programs providers, and other agencies should be charged with the development of a comprehensive diversified employment and training strategy for Indochinese. This strategy should cover all occupational areas (including health, social and child care services), provide training programs to upgrade refugee skill levels, and resolve the barriers caused by language, transportation, and child care needs.

MAJOR SAN DIEGO COUNTY REFUGEE EMPLOYMENT AND TRAINING AGENCIES

AGENCIES	PROGRAM	FUNDING SOURCE	RESTRICTIONS
IOEP, CWD	Screening Assessment Training Counseling ESL Vocational Training Job Search Job Placement Job Counseling Outreach Follow up Child Care	SDOSS	All Employable Refugees
ACCESS	Outreach Job Orientation Career Planning/Counseling Job Development Job Placement Follow-up World of Work Orientation Job Club Referral to Child Day Care Vocational Training ESL-Linked to on-the-job Training Child Care	SDOSS IN-KIND CETA OCD	All Employable Refugees All Refugees Low-income-Survival English Low-income Employables
VESC	Assessment Counseling Job Assessment Job Development Job Placement Follow-up Outreach Resettlement Services linking Social Services with employment	SDOSS VOLAGS	North Park Area Walk-ins entering country before Oct 1, 1981 Emphasis on pre-welfare clients
REP, EDD	Assessment Information Services leading to unsubsidized employment Referral to Vocational Training Referral to other agencies	SDOSS	Legally able to accept full-time employment & functional in English

Section IV - 2. CASH ASSISTANCE

Effective April 30, 1981, 5,529 refugees from all ethnic backgrounds were receiving Refugee Assistance Program (RAP) funds, another 7,187 were receiving Aid to Families with Dependent Children (AFDC) linked funds, and 357 were receiving Medi-Cal only for a total of 13,073 refugees dependent upon DSS-administered public assistance. This represents approximately 50% of the estimated refugee population of San Diego County. More than 95% of these refugees are Indochinese.

Supporting statistical data is appended as Exhibit 3.

During the year beginning April 1, 1981, the following numbers of refugees will become "time-expired" and no longer eligible for 100% federal assistance provided under RAP or RAP-linked AFDC:

	FY 1980-81	FY 1981-82
	4-1-81 thru 6-30-81	7-1-81 thru 3-1-82
Refugees in RAP Family Cases	420	506
Refugees in RAP Single Cases	179	72
Refugees in RAP-linked AFCD-FG Cases	444	193
Refugees in RAP-linked AFCD-V Cases	353	342
Total No. "time expired" Refugees	1,396	1,113

Roughly 11% of Indochinese refugees living in the County are affected by the federal cutoff.

The San Diego County Department of Social Services, the State Employment Development Department and private sector refugee service providers organized an employment orientation program directed toward "time-expired" refugees. The program offered refugees information regarding the ramifications of the Refugee Assistance Program's limited duration, emphasized that cash assistance is not an entitlement program, and disseminated information on available employment, training and social services. The orientation was indended to offer an overview prior to individual employment assessments.

Of San Diego's time-expired refugees, EDD has identified approximately one-third as having poor English language skills, one-third as having fair skills, and the other third as having good skills. Approximately one-half are unskilled. One-half are secondary migrants to San Diego.

San Diego County is heavily impacted by secondary migrants, but secondary migration is not considered for funding purposes. Approximately 38 percent per month of new refugees to San Diego County come from other counties or states. A number of these refugees claim they were encouraged to migrate to California, and San Diego in particular, by welfare officials in other states.

RECOMMENDATIONS

1. Secondary migration must be considered in any allocation of state or federal funds.

2. A priority in refugee assistance and service funding should be given to cash assistance recipients for the following reasons:

   a) They tend to have the greatest need for service.

   b) This will facilitate the process of self-sufficiency.

   c) Will reduce the numbers of refugees who are in need of assistance beyond the 36-month time limitation.

3. Provide national coordination at the federal level to assure uniform resettlement of arriving refugees among the fifty states and with regard to the states' populations, size, economic base and other social features.

4. Enact refugee assistance programs that are equitable in treatment of political refugees and do not provide priority service, eligibility advantages or higher benefit levels over similar assistance programs available to the resident poor who hold normal immigrant status or are U.S. citizens.

5. Survey and study potential resettlement areas prior to transporting the refugees for resettlement in an effort to minimize detrimental financial/social impacts on that area.

6. Redefine and enforce the responsibilities of sponsoring agencies and individual sponsors to prevent the refugees from being literally "dropped" at the doorstep of public agencies.

7. Provide 100% federal reimbursement of costs incurred by local public assistance/social service agencies engaged in the resettlement of refugees.

8. Implement a federal planning process with the goal of producing a national plan for resettling future mass arrivals of policital refugees. The plan should be conceived by the Department of Health and Human Services utilizing input from the states, large counties and major cities.

9. The Governor's Task Force on Refugees should work with other states to ensure that financial aid to refugees be standardized throughout the nation in order to discourage secondary migration.

RECOMMENDATION

The federal government should reexamine any regulations which result in inequities of public assistance funds to various refugee groups and native Americans. There would appear to be different levels of assistance for Indochinese and Americans.

Section IV - 3. MEDICAL ASSISTANCE, PUBLIC HEALTH AND MENTAL HEALTH CARE

Many of the Indochinese refugees arriving in this country are afflicted with a number of health problems. This discussion is to identify the major areas of concern regarding their physical and emotional conditions.

Physical Health

The United States Center for Disease Control (CDC) reported that 94% of the incoming refugees are within the normal limits of good health. However, many of the refugees have need for some type of medical assistance.

While tuberculosis may proportionally be the biggest health problem affecting the current refugee population, several other prevalent conditions can also be found. The United States Public Health Service reports that 31% of the refugee population is afflicted with intestinal parasites, 29% with anemia, and 20% with skin conditions. Locally, the Center for Indochinese Health Education reports that in one screening program recently conducted in San Diego, 64% of those persons tested had evidence of some parasitic infection.

Data from San Diego City Schools confirm the prevalence of tuberculosis, parasites and scabies, and mentions other conditions such as pediculosis, congenital cardiac defects, scoliosis, dental problems and otitis media in school age children. The San Diego City Schools also report that many refugee students are lacking the necessary immunizations required by law to enter school in California. Additionally, they report that many first grade students need physical assessments in order to comply with the Child Health and Disability Prevention law in California and to facilitate early identification of health problems. These problems are intensified as school-age children (0-18 years) represent 54.1% of the Vietnamese, Lao, and Cambodian population. Dental problems are also frequently encountered.

Tuberculosis is one of the most serious health problems of the Indochinese. Data collected by the San Diego County Department of Health Services indicates that currently 50-60% of the Indochinese refugees arriving in San Diego County are infected with tuberculosis bacilli as evidenced by positive reaction to a T.B. skin test. The Department of Health Services also reports that 45% of those infected with tuberculosis are under 20 years of age and are considered to be in the high risk category. These cases are not active, but should be treated by anti-tuberculosis medication. The Department of Health Services cautions that, if these refugees do not receive and/or follow prescribed medical treatment, one out of each 1,000 refugees in the 35 years or younger age group may come down with active tuberculosis in 10-20 years.

In November, 1978, the Department of Health Services set up monthly tuberculin skin testing clinics at the Indochinese Service Center in North Park. Following are test results through March 31, 1981:

Total Skin Tested	Positive Reactors	Positive Reactors Under 20 (high risk)
5,442	2,844	1,286

The Health Department has been providing medical personnel for this monthly clinic while the Indochinese Service Center has provided the following services:

1. Identifying candidate for TB screening
2. Outreach/home visits to refugee families
3. Provide written translated materials on TB
4. Transportation to and from the clinics
5. Translation and interpretation
6. Clinic space and clerical support; and
7. Follow-up services to the refugees

The monthly TB clinic has been screening an average of 400 new refugees per month. Additionally, the Indochinese Service Center (ISC) is working with University Hospital to provide physical and tuberculosis screening clinics twice per month for new refugees.

To coordinate health services for refugees, the Health Committee of the San Diego Refugee Coalition meets regularly with the Health

Systems Agency, the Lung Association, University Hospital, and other health care providers. The Health Committee has gathered and compiled translated health materials for use by refugees and health care providers. (The County's Department of Health Services is a member of the Refugee Coalition and is represented on the Health Committee.)

Bilingual and bicultural approaches would greatly increase the effectiveness of health care services to the Indochinese population. However, these specialized services for the refugees are costs that are not recoverable under the Medicaid (Medi-Cal) Program. The federal government should provide more assistance in meeting Indochinese health care needs.

Health Service System

Initial medical screening for the refugees is provided by the Intergovernmental Committee for European Migration (ICEM). The United States Public Health Services (USPHS) assists by monitoring this process and examines the health records of the refugees prior to resettlement in the United States. Once the refugees arrive in their resettlement areas, USPHS feels that the primary responsibility for providing health care rests with the State and local health departments.

In response to local requests for assistance, USPHS has accepted limited responsibility. In San Diego County, the USPHS Outpatient Clinic is providing one physician, one nurse and one clerk to perform some tuberculosis preventative treatment services for the Indochinese refugees. The San Diego County Department of Public Health is providing a clinic coordinator, four nurses, medication, clerical supplies, clinic equipment and interpretation. The Indochinese Service Center is providing patient outreach, transportation and interpretation while the North Park Lions Club is generously providing the building space.

The DPHS Clinic

In addition to the skin testing clinic and evaluation of A & B waivers for tuberculosis (involving a minimum of three visits per patient), the DPHS TB Clinic also is responsible for the following:

1. Patients eligible for Chemoprophylaxis and who live outside of areas served by the Indochinese Service Center, Linda Vista or University Hospital.

2. Chest x-rays for refugees who are positive reactors found in Tuberculin Clinics other than the special Refugee Tuberculin Clinic.

3. Evaluation of all abnormal chest x-rays for those needing care sooner than Chemopro evaluation - or arranging for referral.

4. Attempting to see all refugee contacts with active cases as soon as possible. These patients also are seen without waiting for a routine appointment because of their high risk.

These refugee services are in addition to the SDDHS routine Tuberculosis Control Program.

The following documentation and notification procedure has been implemented. When refugees arrive at a U.S. port of entry, they have in their possession a folder containing various documents which are reviewed by a Quarantine Officer of the Center for Disease Control. The three documents that are of concern to the Quarantine Officer are as follows:

1. Voluntary Agency Form ACVA-1. (This form contains the refugee's INS alien registration number, and the names of all persons in the refugee's family. The form also designates the voluntary agency which arranged sponsorship, the city of destination, and the refugee's date of entry. Immunization records will be attached to this form.

2. Medical Examination Form OF-157. (This form describes the results of the overseas screening procedures, and indicates those health conditions that warrant prompt attention, particularly Class A (i.e., active) tuberculosis.

3. Chest x-ray for tuberculosis.

The refugees present the ACVA-1 forms to the Quarantine Officer, who in turn mails copies of the form to the appropriate state health officer and local health officer, as well as to the Quarantine Division of the Center for Disease Control in Atlanta, Georgia. The Quarantine Officer, at the same time, will notify the local health department (by telephone of the arrival of any refugees with active tuberculosis) so that preparations can be made to provide the necessary medical care.

In addition to their medical documents, refugees coming into the County carry two introductory letters drafted by the Public Health Service. One letter, which the refugees will be requested to present to their sponsors, explains the necessity of a prompt, initial health assessment for each refugee. The other letter, which is to be presented to the health care provider, describes the medical services which the Public Health Service has suggested be given to all Indochinese refugees.

DHHS's Refugee Assistance Program (RAP), which is administered by the Office of Refugee Resettlement, also assists state and local health departments by offering full Federal reimbursement to

state-approved programs that provide health and health-related services to refugees.

Estimates indicate that 90% or more of newly arriving Indochinese refugees are eligible for medical benefits under the Medicaid Program, Title XIX of the Social Security Act. They must meet Federal IRAP or State eligibility criteria for either the AFDC (Aid to Families with Dependent Children) program or for the SSI (Supplemental Security Income) program which provides cash assistance to the aged, blind or disabled. Medicaid programs are primarily state-administered, though supported by state and federal matching funds. However, when health services covered by a state's Medicaid program are provided to eligible Indochinese refugees, the Federal Government covers the State's share of the expenses. Refugees who do not meet State eligibility criteria for the AFDC or SSI programs (single Indochinese refugees under the age of 65, for example) may still qualify to receive federally-funded medical assistance. DHHS's Indochinese Refugee Assistance Program covers the full financing of this program.

Determining eligibility for Medicaid and medical assistance programs is a process which often takes up to six weeks to complete. Consequently, DHHS officials are considering the possibility of operating on the basis of "presumptive eligibility" for all incoming refugees for Medicaid and medical assistance. This "presumptive eligibility" would mean that refugees could receive medical services for a specified short period of time - probably sixty to ninety days - while normal procedures to determine Medicaid and medical assistance eligibility takes place. This procedure would facilitate the refugees' receiving needed medical treatment soon after arriving in the United States.

While hard statistical data is not available on the prevalence of dental problems among this population, much soft data exists to support the widespread existence of this problem. The Task Force Report, San Diego City Schools, and the Linda Vista Community Health Care Center, which serves approximately 20% of the Indochinese population in San Diego reports that purely subjective statements by their clinic staff suggest that dental problems affect some 75% of the children they see.

Other health problems recognized by the Indochinese Task Force Data Committee include malnutrition, venereal disease, and Hansen's Disease. The San Diego County Health Services Department has documented cases of venereal disease and Hansen's Disease, as well as cases of malaria among this population.

The health care problems described in this plan reflect the Indochinese refugee's extensive need for health services. Provision of health care services to the refugee, however, is an exceedingly complex and in some cases almost an insurmountable task. A number of difficulties specific to the Indochinese refugee situation compound their multiple health problems and create barriers to their

utilizing existing health services. The recent refugees come with little or no English skills; many are uneducated and may be illiterate in their own language. They lack understanding and trust in Western medicine, and in some instances lack even basic knowledge in nutrition and hygiene. Their belief systems are different from Western values which makes acceptance of our approach to health care more difficult. Most have no means of transportation and are unable to utilize public transportation due to unfamiliarity and lack of English skills.

These problems when encountered in a medical situation require that additional time and resources be brought to bear in order to successfully complete provision of medical services. For instance, refugees must often be sought out and encouraged to use health services even in obvious situations of poor health. Translators or bilingual medical staff must be provided at all phases of the health delivery system. Medical procedures must be explained via a translator, and the refugee's fears allayed to whatever extent possible. Medical advice and recommended treatment must be translated in detail and then repeated back to the provider via the translator to ensure the patient's understanding and willingness to cooperate. Often basic but lengthy information regarding hygiene and nutrition must be provided in order to prevent recurrence of the health problem or to prevent other potential health problems. Transportation must often be provided to and from the provider's facility, and in cases of a referral for more specialized treatment/services, to and from the agency referred. Finally, refugee patients must often be followed-up to ensure they comply with treatment, that they keep subsequent appointments, that no new health problems arise, and that other family members receive treatment for contagious conditions so that the illness doesn't spread. All these problems require extra time, resources and staff which in many situations is just not available, or if available takes precious resources away from other patients in need.

Currently the majority of health prevention and treatment services to Indochinese are being provided via eight main sources. These are the County Department of Health Services, the Indochinese Service Center, the Linda Vista Health Care Center, Operation Samahan Health Clinic, San Diego Unified City Schools, the Center for Indochinese Health Education, University Hospital and the Mid-City Clinic. The Department of Health Services provides processing of Type A and B waivers, the tuberculin testing, x-rays, preventative treatment and treatment of tuberculosis in the Indochinese refugee population. The Department also provides health education presentations, printing of health information materials in multiple Indochinese languages, and some provider support services, such as linkages and attempts at securing translation services. Funding for the services provided to Indochinese is primarily local and no refugee-specific funds are currently utilized. The Indochinese Service Center (ISC) provides social services to Indochinese, including information, referral, orientation workshops which include health information, support activities such as translation, tran-

sportation and interpretation services, tuberculosis screening and preventative treatment in cooperation with the County Department of Health, mental health services and nutritional education. Funding for ISC is by Federal Refugee Assistance Program (RAP) funds via the State of California, Department of Social Services. Linda Vista Health Care Center provides primary care services to Indochinese refugees, including medical and mental health services. Linda Vista is funded by Federal Revenue Sharing via subcontract with the County Department of Health Services; by Title V via a subcontract for a comprehensive perinatal project, by the State Department of Health Services for family planning and primary health care services. Linda Vista also bills third-party payors, including Medi-Cal and CHDP. Operation Samahan Health Clinic is also a primary care service provider funded by Federal Revenue Sharing via subcontract with the County, but in this case no funds are refugee-specific. Samahan provides T.B. skin testing, preventative treatment and general health assessments, and bills third-party payors including Medi-Cal and CHDP. The San Diego City Schools provide health assessments, immunizations and referrals to other health care providers when indicated. They bill CHDP for these services and receive no other funds. The Center for Indochinese Health Education is funded by Title XX funds through the Office of Refugee Resettlement, State Department of Social Services. Their services include translation, transportation and health education services. They also refer to University Hospital which provides health care services to Indochinese and bills Medi-Cal. Some health education and referral services are also provided by the Indochinese resettlement programs (VOLAGS). The Mid-City Clinic provides T.B. skin testing, preventative treatment and general health assesments.

The San Diego County Department of Health Services reports that, due to limited resources, they have backlog of refugees with A and B waivers which need processing and that this backlog continues to increase. In addition, this Department reports having a current backlog of almost 1,000 refugees in need of INH preventive treatment. This backlog also continues to increase. Linda Vista Health Care Center reports a similar lack of ability to meet the overwhelming need. Current clinic sessions are providing service to the maximum possible number of patients, and there is still a two-and-one-half week waiting list for services.

Translation needs are extensive and current resources in no way meet the need. Translation is needed throughout the health delivery system from point of first contact through assessment, education, treatment, and follow-up. Transportation services are also inadequate in San Diego. In a survey dated January 9, 1980, and conducted by the Welfare Department, only 16% of the Indochinese Aid to Families with Dependent Children (AFDC) recipients owned an automobile. All agencies providing services to the Indochinese population in San Diego County report experiencing extreme difficulty with the transportation issue. Existing transit and paratransit systems have not been extensively utilized due to language barriers

and general unfamiliarity with the systems, according to the Task Force Report. This combined with the low number of refugees who own cars in San Diego County makes it nearly impossible for this population to access existing health care providers. Current transportation services for refugees operate on a demand response basis. No systematic scheduling or coordination is currently being provided.

Comprehensive Refugee Health Program

San Diego County, in response to the needs of the Indochinesse, and more specifically in response to the gaps in services identified in the analysis of the problem/need, has been funded by the state in the amount of $178,000 for a comprehensive refugee health program. The program became effective on May 1, 1981.

This program:

1) coordinates and provides centralized support services to already existing Indochinese health care providers to better utilize existing resources; and

2) augments existing programs to increase services to meet the steadily increasing need.

Note: A significant detraction from this program was the State's decision to delete a computer feature which San Diego County sees as a major need for an effective refugee health care program.

The structure of the program is designed to more efficiently interface with the existing services and to most appropriately respond to the identified gaps and needs. This structure groups the majority of the coordinating activity within a County-operated program component. This County-operated program will provide several services to the health providers including administrative support. Staff in the component will be County staff.

Augmentation of existing programs will be done through subcontract with existing community clinics and the Health Services Department of City Schools. Staff in these components will be the staff of the specific subcontract.

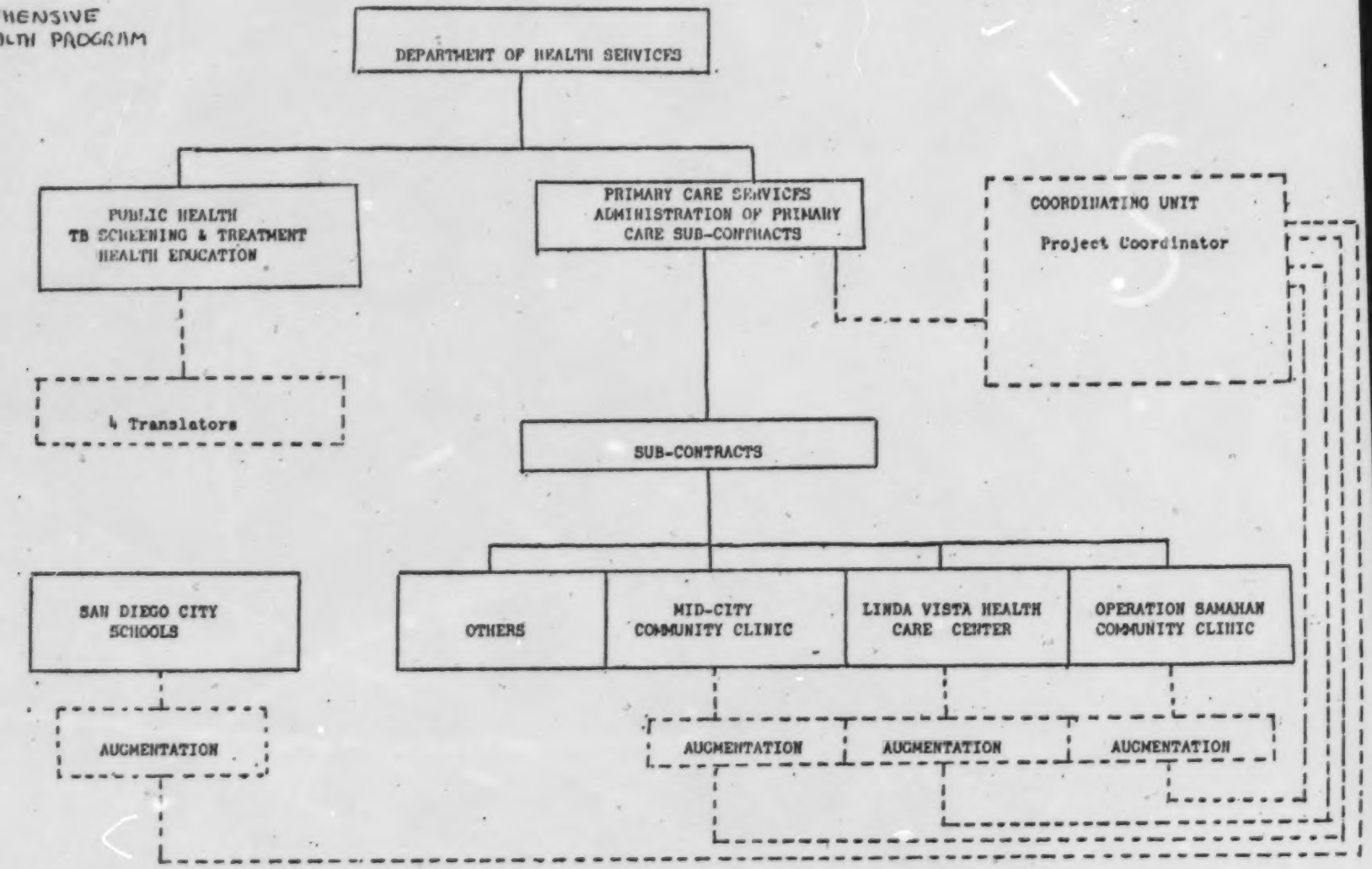
The following organization chart shows this structure graphically:

REFUGEE PREVENTATIVE HEALTH SERVICES PROGRAMS

ORGANIZATIONAL CHART

—— Existing Programs

---- NEW COMPREHENSIVE REFUGEE HEALTH PROGRAM



California Refugee Preventive Health Services Program, Indochinese Refugees

This is a recently funded student health program with the following major features:

Project Title:	California Refugee Preventive Health Services Program, Indochinese Refugee
Parties	San Diego Unified School District and San Diego County
Funding Authority:	Indochinese Refugee Fund
Term:	May 1, 1981, through September 30, 1981
Brief Description:	Under terms of the agreement, the district and the County Department of Health Services will establish a school-based program which will contribute to community efforts to control tuberculosis in the Indochinese school-age population. The program will identify all school children who have exhibited positive reactions to the tuberculosis skin test and make sure that they are placed on preventive INH medication. Nurses in schools with concentrations of Indochinese will be trained to check the progress of each child on medication and communicate his/her status to the source of treatment on a monthly basis. A project liaison nurse will be responsible for setting up and monitoring the system for training school nurses and operating the program in the schools. Health aide/translators will assist in the health education and counseling of refugee families to ensure that they understand the necessity of compliance with tuberculosis measures.
Amount of Funding:	$17,224
Source of District Funding:	County will supply total funding.
Schedule of Payments:	County will provide monthly reimbursement for actual expenses incurred during the month, and will make final payment after the district submits a final claim and a final report.
Approved:	Approved by schools attorney as to legality and form.

Background Information: Over 50% of Indochinese refugee children have positive reactions to the tuberculosis skin test. Even though follow-up chest X rays are negative for most of these children, they must be provided INH medication for a year to prevent possible development of active TB in future years.

Community clinics which dispense medication have heavy patient loads. Nurses at the clinics are required to see each positive reactor monthly and furnish documentation of the patient's progress and adherence to the medication program. School nurses' assumption of this duty for school children will lighten the clinics' load and enable them to accept new adult clients in need of service.

Mental Health Care

Mental health problems are widely anticipated to become the most significant problems for refugees within the next few years. Eventually, employment, medical care, housing, education and acculturation problems will diminish with the passage of time, but mental health issues will become aggravated as the full impact of loss of country and intergenerational conflicts hit home.

The Indochinese already are experiencing very significant psychosocial problems primarily related to their displacement from their homeland to a foreign culture. Many lost part or all of their family, suffered extreme trauma on the boats and resettlement camps, and were given little preparation for life in America. They experience a severe longing for their homeland.

These problems have manifested themselves in many forms of psychogenic conditions. A recent study conducted by the Pennsylvania Office of Mental Health, Bureau of Research and Training, identified the following emotional troubles, listed in order of frequency:

- Depression
- Anxiety reactions
- Marital conflict
- Intergenerational conflict
- School adjustment problems
- Psychosomatic illnesses, including fatique, dizziness, weight loss, nausea, headaches, chest pains and insomnia

In a report by the Indochina Refugee Action Center, Washington, D.C., dated March 20, 1980, it is stated that a significant cause of the depression that so many Indochinese refugees experience is a sense of frustration and helplessness in coping with their new environment. Many of their frustrations can be prevented, or at least eased, by personal counseling and cultural orientation. Unfortunately, com-

prehensive programs are generally not available.

Many of those who have studied refugee mental health have come to the conclusion that one of the strongest defenses against depression and mental stress among refugees is an effective system of social services (such as language training, employment counseling, vocational training, etc.) designed to develop a sense of confidence and self-reliance among the refugees.

As noted in the Indochina Refugee Action Center Report, "The family is the fundamental unit--the primary source of cohesion and continuity--in traditional Indochinese societies. There is an extreme cultural reticence among refugees to seek help for emotional problems outside the traditional bounds of family and close community. Profoundly different from the American concept of the nuclear family, the Indochinese family should be understood--in the words of one orientation guide--"as a superorganic unit existing across generations past and future." The allegiance to family passes beyond a sense of duty to a feeling of deep reverence and actual worship. One's behavior, for good or ill, reflects not only on oneself, but more significantly, on the family at large. There is a strong reluctance to allow problems to surface publicly, which might betray "weakness, unhappiness, or division of family."

A possible short-term solution to this problem has been suggested by service providers. Mental and physical health services should be combined in one environment of health care. Thus, the outward stigma of going to a mental health clinic is eliminated.

However, in order to effectively treat Indochinese patients, mental health professionals must be provided cultural awareness training. The federally-funded Indochinese Community Health and Educational Project (ICHE) provided cultural awareness training and manuals for mental health personnel in the San Diego region. Unfortunately, federal funding for mental health programs was terminated at the end of the September, 1980, fiscal year. This has placed an unreasonable burden on county-funded mental health facilities which are not equipped in terms of staff or training to cope with refugee emotional disorders. The principal existing mental health resource for San Diego County refugees is provided through the auspices of the Indochinese Service Center.

This mental health unit provides services that range from socialization to the direct delivery of culturally appropriate traditional mental health services. The unit also provides cultural awareness training, refugee education and mental health activities, professional training consultation for mental health providers, and paraprofessional training to Indochinese social service workers. The following outline will provide more specific information about these service areas.

I. Supportive Mental Health Services

Objective: To provide supportive mental health services to Indochinese refugees who are experiencing mental health or behavior problems related to or attributable to the trauma of resettlement.

Activities: Trained paraprofessional mental health workers outreach, assess and provide ongoing supportive mental health service with clients of all of the Indochinese refugee groups. The supportive mental health services include crisis intervention, early identification and assessment of emotional difficulties, information and referral, professional consultation and ongoing emotional support to clients and their families.

II. Community Education

Objective: 1) To increase the cultural awareness of the general community in an attempt to increase their responsiveness to the Indochinese community and enhance community relations. 2) To provide education to the Indochinese communities to aid in their cultural transition into the American society, with the intent of reducing the emotional stress caused by the difficulty of this process.

Activities: Community presentations done to community groups, school faculty, Indochinese community groups, college classes, workshops, etc.

III. Professional Training and Consultation

Objective: To increase the knowledge and skills of the mental health professionals in San Diego to increase the ability to provide effective mental health/social services to the Indochinese community.

Activities: 1) Organize and participate in seminars and workshops focusing on cultural issues and the specific difficulties of the Indochinese refugees. 2) Be available to consult with professionals on an individual basis to aid them in providing services to Indochinese clients.

IV. Paraprofessional Training

Objective: To increase the skill level of the ISC direct service staff to insure the quality of direct service delivery.

Activities: 1) Regularly scheduled staff trainings on a wide range of mental health/social service delivery skills. 2) Ongoing individual supervision and training.

In the long run, the Indochinese must develop a sense of community or belonging to the United States. They must develop those skills by which they can sustain themselves.

The most significant problem the Mutual Assistance Agencies (MAA's) will encounter in eventually assuming primary responsibility for refugee resettlement will almost certainly be that of mental health. This issue will be well beyond their capability of handling and will require extensive continued participation from existing mental health resources.

Summary and Conclusions

The impact of the many recent improvements in the national delivery system of health care to Indochinese refugees will take some time to be felt at the local level. Health care providers must often simply make do with programs that have an uncertain future, are only partially in place, or are critically stained in terms of staff and resources. Local health care providers in some areas are still hampered by a lack of advanced notification of the arrival of refugees in their area, difficulty in locating refugees once they arrive, poor communication of results of medical tests done overseas, and insufficient translation and transportation services for the refugees. Given these complications, however, the effective programs that have been fashioned in a number of local areas are testimony to the diligence and ingenuity of many people in public, private and voluntary service.

RECOMMENDATIONS

1. The State of California should take the leadership to develop and coordinate specific programs aimed at improving the health status of refugees. Such programs, if they are to be effective, must be designed to include measures to cope with cultural, language, transportation, and emotional barriers which impede access to such programs.

2. The State of California should intensify the active recruitment and assistance in retraining of Indochinese health professionals to augment the available manpower to provide health services for this segment of the population. This should include nurses, pharmacists, dentists, and allied health personnel as well as physicians.

3. The County's Department of Health Services and its Mental Health Division should develop employment opportunities in the health services system for Indochinese.

4. The federal and state governments should amend their regulations to grant arriving Indochinese refugees presumptive eligibility for medicaid programs for a period of 60 to 90 days pending final eligibility determinations.

5. The Federal Government should explore ways to provide health insurance for all refugees from the time of arrival.

6. The Federal Government should allocate additional funds for health to school districts heavily impacted by the increase in refugees in the school system.

7. The State of California should change the appropriate laws to allow medical treatment of a refugee child by the school nurse, doctor or hospital with the consent of the guardian when the children have no parents.

8. The State of California should provide funds for computer capability for the recently-funded San Diego Comprehensive Refugee Health Program, should refund the current program which expires October 31, 1981, and should add transportation and health education components.

9. The Federal Government should reconsider the defunding of mental health programs which occurred at the end of the 1980 FFY.

10. Local mental health agencies should work more closely with small minority groups and perhaps aid in the prevention and early identification of mental health problems as well as increasing the strength of community support systems.

Section IV - 4. SOCIAL SERVICES

Social services are those formally organized activities which assist refugees to have access to existing community resources such as health, medical, employment, ESL, mental health, and vocational training services.

Social services to San Diego County refugees include:

1. Orientation Programs: These are coordinated activities of San San Diego Refugee Coalition member agencies which serve as basic introductions to the American culture for newly-arrived refugees including how to rent an apartment, sanitation requirements, using a telephone, opening a checking account, how to use public transportation, etc.

2. Home Management: Educational activities conducted for groups

and individuals in such areas as use of household equipment, fire and household safety, nutrition and family health, budgeting and consumer education, use of utilities, school enrollment, automobile ownership and safety, etc.

3. Emergency Translation Services: Specially trained translators are on call to local hospital emergency rooms, police, county jail and fire departments.

4. Information and Referral: All refugee service agencies provide this vital service to community agencies who do not usually serve the refugee population. Both public and private agencies and individual citizens make good use of refugee-serving agencies.

5. Translation/Interpretation: This service is provided by most of the agencies through the hiring of bilingual refugee employees. In addition, a number of agencies provide translation services to hospitals and other agencies or individuals who serve refugees.

6. Escort and Transportation: Many refugees have difficulty in getting to agencies for needed services. If no other resource is available, aides provide transportation to medical services and other emergency services.

7. Outreach: Most service providers routinely familiarize new arrivals with existing community resources such as public schools, hospitals and employment systems.

8. Community Education: Information about the culture and life styles of refugee groups is provided to mainstream educational, mental health, health and human service providers.

9. In-service Training: Training of paraprofessional bilingual workers about social work methods, ethics and values.

10. Other miscellaneous services including refugee locator services, legal guardianship and foster care services for unaccompanied minors, and child protective services.

The above services are provided without restriction (except age for children's services) to any San Diego County refugee. All cultural groups are served, including Cambodian, Hmong, Lao, Vietnamese and Chinese-Vietnamese. Both direct and indirect delivery systems are used with the latter most commonly accomplished via native language newspapers and radio broadcasts.

Most social service agencies are serving more than their contracted number of clients.

One major service provider, the Indochinese Service Center, reports that 75% of their clientele are new arrivals who are experiencing

day-to-day survival needs. The remaining 25% include clients who are either secondary migrants or are experiencing severe health problems or stress reaction to the trauma involved in resettlement.

A major concern of San Diego County planners, and shared by social service agencies themselves, is the need for increased coordination of services. A central focal point is necessary to coordinate the following:

1. communication between agencies
2. identify possible duplication in services
3. provide a clearinghouse for refugee information
4. compile management information so funding decisions can be made

The duplication of services seen among the various refugee-serving agencies suggests that program mergers should be considered for cost-effectiveness.

Unaccompanied Minors

For purposes of aid eligibility and child welfare services, San Diego County uses the following definition of an Indochinese refugee unaccompanied minor:

1. a person who has not yet attained his or her 18th birthday or the age of majority in the state in which he is residing
2. who has no known immediate adult relatives in the United States
3. who has been lawfully admitted to the United States in parole status, and
4. who meets the general definition of an Idochinese refugee: an alien who
   a. because of persecution or fear of persecution on account of race, religion or political opinion fled from Cambodia, Vietnam or Laos; and
   b. cannot return there because of fear of persecution on account of race, religion or political opinion

As of April 1981, there are approximately 250 unaccompanied Indochinese refugee minors in San Diego County.

It is the Department of Social Services' responsibility to establish parental responsibility for all refugee minors who have no immediate adult or responsible relative (first cousin, aunt, uncle, brother, sister, grandparents or parents) caring for them in the community. The establishment of parental responsibility can be done in either of two ways: Dependency Court action or Department of Social Services guardianship. San Diego County has decided to serve the unaccompanied minor through the DSS guardianship process. If a minor comes to the department requesting placement services and it is determined that he or she has been living with relatives and really is not "unaccompanied" at all, services to this type of case situation will be based on the guidelines and limitations of the juvenile court.

1. Department of Social Services Guardianship

   In this procedure the Social Service Department becomes the parent and the Social Worker assumes parental responsibility for the minor. It should be noted that once DSS obtains guardianship for a minor, the guardianship remains in effect until the minor is 18 years old, or is reunified with parents or when the guardianship is transferred to immediate relatives.

   If immediate relatives arrive from Refugee Camps and are reunited with the minor, the Department cannot close the case until the relatives obtain legal guardianship. Refugee relatives, for a variety of reasons, some of them related to culture (the concept of guardianship is American, not Indochinese) and some related to economic costs (guardianship costs about $200), usually do not show any interest in obtaining guardianship for the minors. In these case situations, the Department must maintain awkward jurisdiction over a minor who is living with immediate relatives.

2. Dependent Child of the Court

   A Dependency Petition should always be considered when the minor requesting service has relatives in the Unites States and is in danger of abuse, neglect, molestation or abandonment.

Reunification Services

When parents and immediate relatives arrive from Refugee Camps, the D.S.S. Social Worker contacts them immediately to develop reunification planning. It should be noted that immediate relatives are not required by law to provide a home for the Indochinese minor. The Department of Social Services cannot force a relative to care for a child.

If a parent arrives in the community, D.S.S. would expect the parent to provide a home to the minor. If a parent refused to cooperate, the worker should terminate the Department's guardianship and refer

the matter to the Juvenile Court. D.S.S. does not keep children in foster care on a long-term voluntary basis.

If appropriate, the worker helps immediate relatives understand the importance of legal guardianship. Many refugees do not understand that they need legal authority to sign children into hospitals and into surgery, etc.

Child Protective Services and Out-of-Home Services

The Refugee Children's Unit of the Department of Social Services also provides voluntary and involuntary child protective services to physically abused, molested, abandoned or neglected minors, whether unaccompanied or with responsible relatives. In-home or out-of-home services, based on the Department's voluntary service guidelines and Juvenile Court regulations, are provided to Indochinese refugee children.

Integration of the Indochinese Child with the American Culture

D.S.S. will use volunteer and professional community resources to assist the minor integrate into the American culture. Because of lack of permanency and because of the high disruption rate in the foster care system, the Social Worker should not arbitrarily move the minor into an American home or sever the minor's ties with the Indochinese community to achieve this goal. Every effort should be made to allow the minor contact with his or her ethnic community.

RECOMMENDATIONS

1. A tracking and case management system would help minimize service gaps and duplications and should include initial assessments of health, social, education and employment needs.

2. There should be county-wide planning for various refugee-related services with resource allocation authority vested in one place. Program monitoring and evaluation of services should be ongoing.

3. Local public and private social service agencies should develop paralegal resources to minimize the $200 cost of guardianship of unaccompanied minors which responsible relatives must bear.

4. Funding priorities should be given to service agencies demonstrating cost-effectiveness with program mergers representing one means of cost-effectiveness.

Section IV - 5. EDUCATION (K-12, ADULT, POST SECONDARY)

I. K-12

The K-12 educational plan described here is that of the San Diego City Schools. While refugee children are served by many other local school districts, San Diego's plan is presented here as representative, and also because it serves many more refugees than any other district.

Purpose of Program

The goal of the instructional program for Indochinese students is to teach the knowledge, concepts, and skills which will enable them to participate fully in the district's regular instructional program.

While developing communicative competence in English, students receive instruction in basic content areas through their primary language. By this process students with limited proficiency in English are provided an opportunity to acquire the same knowledge, concepts, and skills expected of all students in the district. Instruction designed to develop proficiency in English is provided on a daily basis. This approach is continued until such time as students' English language skills are sufficiently developed to ensure that they can successfully participate in regular English language instruction.

Each student's language and cultural background is used as the base for building the bridge to proficiency in English and participation in the American ways of life. Students and parents are encouraged to continue use of the primary language at home, so the Indochinese children may ultimately be fluent in their primary language as well as English.

District Responsibility to the Indochinese Communities

The district's responsibility to the Indochinese communities is to maintain easily accessible channels of two-way communication. From the district's point of view, the process is one of sharing information and listening with sensitivity to the communities' concerns.

Staff recognized that the Indochinese bring with them a rich cultural heritage; the new immigrants may also bring memories of ugly experiences, which staff must try to understand. In helping the new residents to adjust to life in this country, district personnel realizes that many fundamental assumptions implicit in this nation's essentially European heritage are not held by Indochinese peoples. Without causing the Indochinese to give up being what they are, staff must help them to expand into being successful Americans.

Health and General Welfare of Students

Although the delivery of health care services is not a district mission, conditons of health affect ability to learn. The district has recently received funding to provide services which meet health needs of students. In addition students whose health or general welfare require special attention will be referred to appropriate agencies.

Needs of Indochinese Children

The general educational needs of Indochinese children are the same as for all children in the district. In addition, children who are not yet proficient in English have several unique needs.

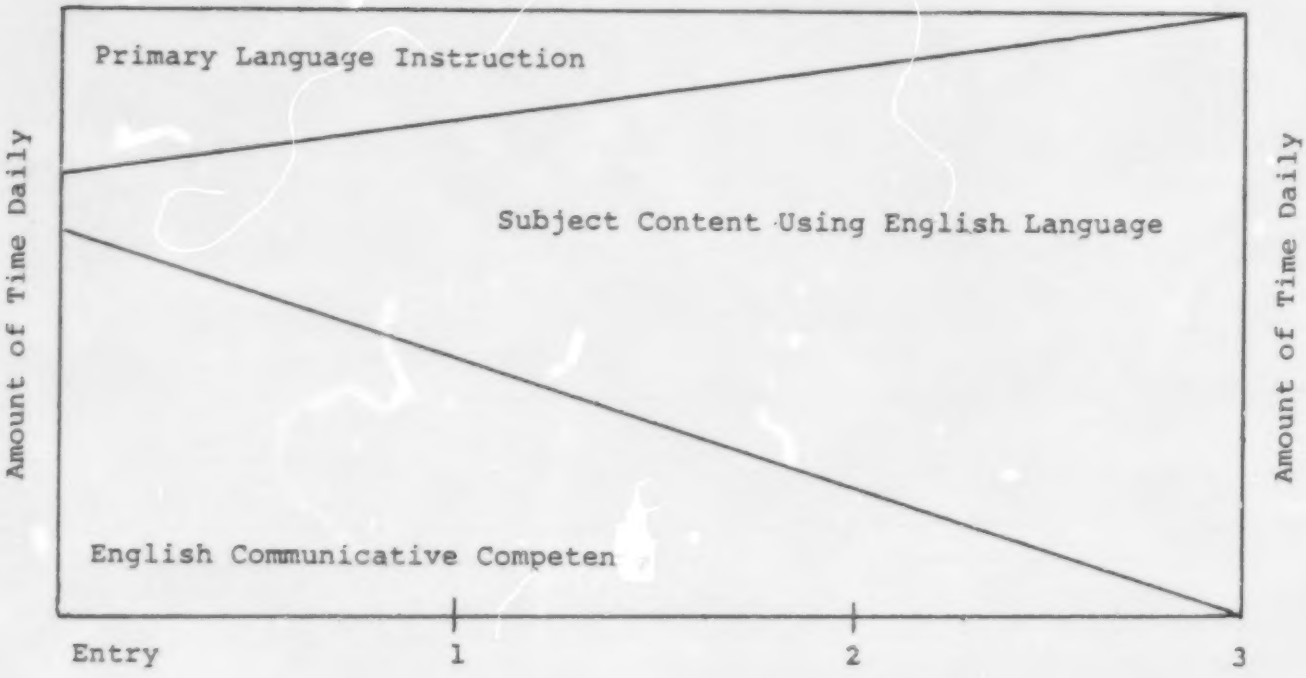
- To learn the English language
- To learn American ways of life while continuing to value the cultural heritage of their family
- To be accepted as individuals whose heritage offers enrichment to the cultural life of this nation.

Nature of Instruction

The program generally comprises a three-year sequence. It is recognized, however, that some children may participate for a shorter, some for a longer period. It is also recognized that modifications and adaptations of the program are required to meet the needs of students who enter at different ages (kindergarten through grade 12) and who enter with different amounts of prior academic experience. Readiness to leave the program is determined by specific objective criteria and judgment of the instructional staff.

Over the three year period, the amount of time devoted to developing communicative competence in English and to use of the primary language diminishes until transition into a full English program is made. These concepts can be illustrated conceptually through the following graph in which amount of daily instructional time is indicated on the vertical axis and number of years in the program on the horizontal.

CONCEPT FOR A THREE-YEAR
INDOCHINESE EDUCATION PROGRAM



The plan requires that as students progress in the program, they experience:

A decrease in the amount of time during which primary language is used as the medium of instruction.

A decrease in the amount of time devoted to teaching communicative competence in English.

An increase in regular classroom instruction using English language.

Aspects of Program Appropriate for Immediate Actior

To initiate implementation of the long-range plan, certain tasks can begin immediately. These tasks include:

Staffing

Employment of additional Indochinese primary language teachers and aides.

Employment of Indochinese personnel to assume program coordinative functions.

Negotiation with the Commission for Teacher Preparation and Licensing to reduce constraints on issue of credentials to Indochinese teachers.

Collaboration to establish teacher intern programs in cooperation with local teacher training institutions.

Inservice Education

An intensive effort is being developed to help teachers acquire the knowledge and skills necessary to provide effective instruction for Indochinese children. Initial focus is in three areas:

Teaching communicative competence in English.

Management techniques in classrooms where Indochinese are mixed with other children.

Teaching content appropriate for instruction through the primary language.

Organization

Development of models for organizing instruction at the sites.

Appropriate instruction is provided not only at designated centers but also at sites where there are concentrations of Indochinese students.

Where enrollment levels permit, programs to be implemented by resident staff.

Curriculum Development

Evaluation of the status of current guidelines for instruction in each of the Indochinese primary languages.

Evaluation of the current curriculum for developing communicative competence in English.

Preparation of a plan for developing instructional guidelines for teachers who have Indochinese students in their regular classes.

Counseling Services

In addition to the obvious difficulties of adjusting to life in a new country, Indochinese children may face other problems which grow out of refugee experiences. Increased attention will be given to coordinating community agency services.

Program Evaluation

A cornerstone of evaluation for this program is the achievement of students. To ensure effective evaluation, the district should:

- build an assessment component into all aspects of the instructional program.
- establish a data processing system to identify and maintain records for all students in the program.
- solicit staff and community assessment of effectiveness.

Relationship to AGP

Participation of Indochinese children in the district's Achievement Goals Program is inappropriate while the students are in early stages of developing communicative competence in English. This is because the approach to second language acquisition is different from that used to teach English to native speakers. However, it is appropriate to incorporate the principles of AGP--mastery learning, direct instruction, time on task, and elimination of interrruptions and distractions--into the instructional approach used to teach basic skills to Indochinese students.

Community Involvement

The district has a responsibility to respond to concerns of the Indochinese communities about the education of their children and to keep the communities involved and informed of programs, achievements, and problems.

To this end:

- district advisory committees should be formed to address specific issues.
- a community educational outreach program could be helpful to inform parents of channels for communicating with the schools and to encourage them to use those channels.
- a parent education program, designed to teach communicative competence in English and imparting knowledge about the American ways of life, should be considered.

Utilization of Community Instructional Resources

Many individuals within the Indochinese communities have skills which could support the district to provide effective instruction for Indochinese children. Consideration should be given to the following:

Establish a central outreach and enabling unit to identify resources and to facilitate employment, including taking steps to secure waivers and/or postponements of credentialing and other requirements.

Take steps to reduce the amount of turnover in Indochinese instructional personnel.

Establish close relationships with agencies, such as the SDSU Teacher Corps, which can assist in the training and provision of personnel.

II. Adult

The San Diego Community College District (SDCCD), Adult and Continuing Education, under a delineation of function agreement with the San Diego Unified School District, has the responsibility for serving the public school educational needs of adult students 18 years of age and over who reside within the City of San Diego.

Other local educational agencies serving refugees include the Sweetwater, Grossmont, Escondido, Poway, San Dieguito, Coronado, San Marcos, and Vista School Districts. The San Diego Community College District is presented here as representative of a local educational plan and also because it serves far more refugees than other districts.

It is the overall goal of the district ESL program to meet the needs of individual students by placing them in a program where they can develop to their full potential as functioning competent adults in a new culture, as students in institutions of higher learning, or as wage earners and selective consumers in today's complex society.

The district's current ESL program operates approximately 175 classes through seven adult centers. The 190 teachers serve over 5,600 students from 65 countries. Resettlement agencies immediately refer refugees to the district program so that students may begin to learn the language skills needed to function in their new environment.

Enrollment and Projections

Indochinese enrollments in the SDCCD adult ESL program as of March 1, 1981 are as follows:

Vietnamese	1009
Vietnamese Chinese	771
Laotian	840
Lao Hmong	690
Lao Chinese	34
Cambodian	327
Cambodian Chinese	88
	3759

This enrollment of 3,759 is an increase of 686 students over the 3,073 Indochinese enrolled October of 1980.

Enrollment information for the last four school years indicates the dramatic impact that Indochinese refugee students have had on the adult ESL program in the San Diego Community College District.

	Oct.,1977-78	Oct.,1978-79	Oct.,1979-80	1980-81 Oct.,1980	March,1981
Laos	30	231	305	1309	1564
Cambodian	50	32	181	336	415
Vietnam	190	272	774	1428	1780
	270	535	1260	3073	3759

These enrollment figures do not include the Indochinese who are enrolled in the Indochinese Orientation and Employment Program (IOEP) contract ESL classes. IOEP operates under a Title XX, IRAP grant to the Department of Social Services (Welfare) which sub-contracts with the Community College District for the ESL instructional program. Approximately 550 students are currently enrolled in IOEP ESL classes.

Projections for future enrollment are difficult to predict due to the lack of information as to the new administration's commitment to continue the present 14,000 quota and the growth limitation imposed by the State on adult education programs. However, it is also expected that enrollment figures will remain fairly high for several years due to the low literacy level of the majority of the recent arrivals.

III. Curriculum Content and Goals

A. Literacy

The goal of literacy instruction is to enable the adult student to attain the reading and writing skills needed to function with confidence and competence in our complex society. Basic reading skills, including phonics, structural analysis, comprehension and vocabulary development, are combined with the mechanics of writing (printing and cursive) practice. Writing lessons reinforce reading concepts and help develop spelling skills. Competency based life skills materials form the base for this instruction.

B. General ESL

The goal of ESL training is to help students become skilled

in the use of the English language functions needed to conduct the day-to-day affairs of adult life. Oral language development is the primary concern, with reading and writing being secondary. Specific instructional areas where language skills and basic understandings are encouraged are: interpersonal relationships, consumer affairs, health, government and law, community resources, and occupational knowledge. (The latter is expanded in the VESL training). At the advanced levels, competencies necessary to pursue academic careers are offered.

C. Pre-Vocational

The goal of prevocational English as a Second Language is to prepare adults for employment by teaching listening, speaking, reading and writing skills directly related to the world of work. Emphasis is placed on the acquisition of the language skills needed to obtain jobs and succeed in them. Specific goals for the student are the acquisition of skills and knowledge necessary to:

1. Relate personal information relevant to job applications, both orally and in writing.
2. Locate job opportunities.
3. Participate in a successful interview.
4. Understand employee rights, benefits, and responsibilities, plus job-related cultural factors.
5. Utilize maps, directories, and schedules.

D. VESL (Vocational English as a Second Language)

VESL emphasizes the listening, speaking, reading and writing activities directly related to a specific occupation as well as advanced prevocational ESL skills development.

E. Skills Training

The goal of these programs is to give the students the skills necessary to perform, at entry level, the task expected within a chosen vocation.

F. Other Educational Opportunities

1. Eighth grade completion programs
2. High school completion programs
3. Parent education

4. Citizenship training

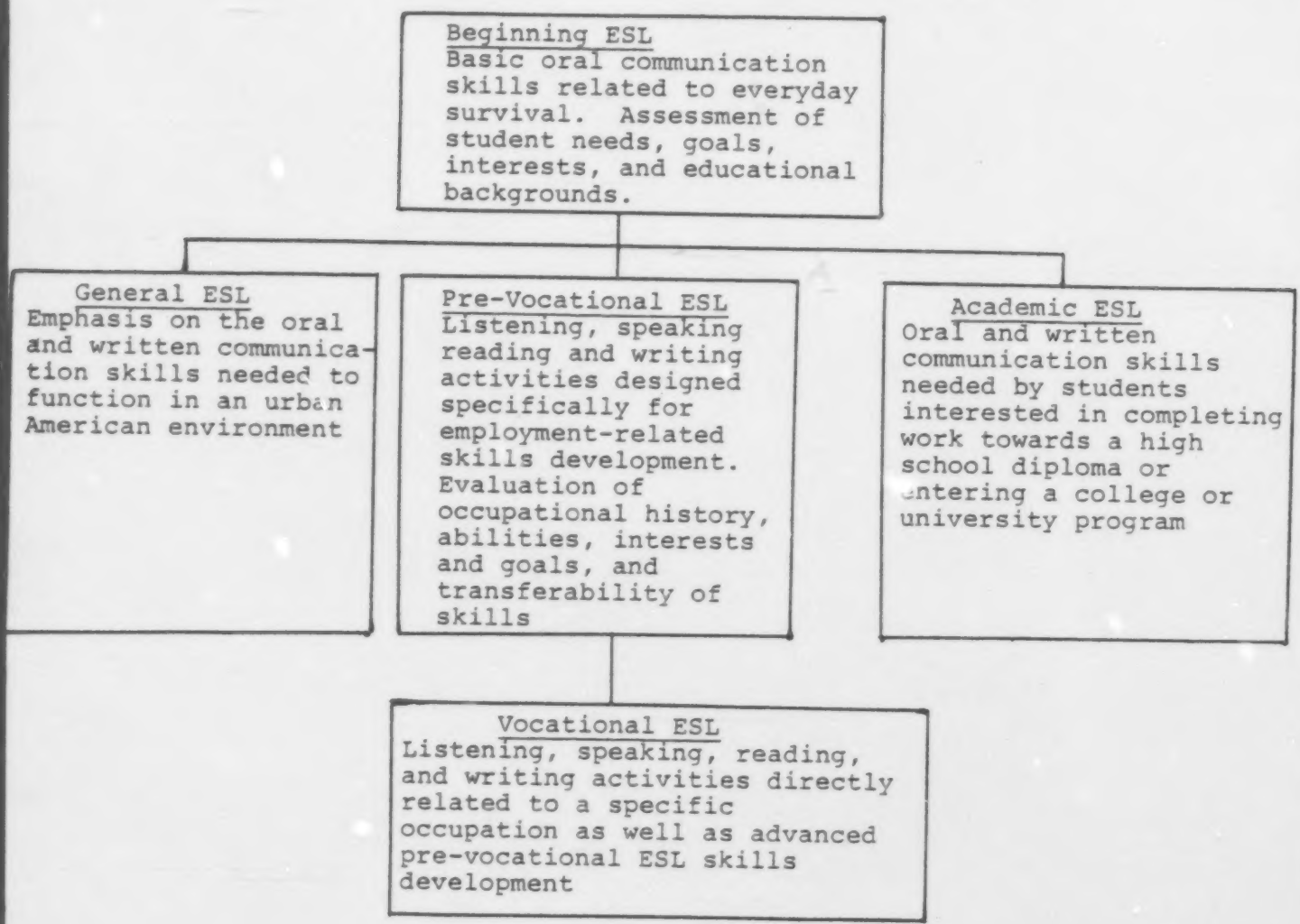
5. Driver's education and training

6. College preparatory

Moving toward adapting ESL instruction in order to more specifically meet student needs, a plan for restructuring the operation of the district ESL program has been designed. Students will be placed in ESL classes not only on the basis of their level of English proficiency but also on the basis of an assessment of their educational backgrounds, needs, and goals.

Upon completion of this assessment, conducted by trained bilingual instructional aides, students will be channeled into Basic Beginning, Survival, Prevocational, or Academic ESL. In addition to specific employment-related communications skills instruction, students enrolled in Prevocational ESL classes will receive extensive counseling in relation to their job interests, goals, and abilities. Bilingual staff will be available to assist in the counseling program. This plan of operation is now fully operational.

COMPREHENSIVE PLAN FOR ESL FOR SPECIFIC PURPOSES


Beginning ESL
Basic oral communication skills related to everyday survival. Assessment of student needs, goals, interests, and educational backgrounds.
General ESL
Emphasis on the oral and written communication skills needed to function in an urban American environment
Pre-Vocational ESL
Listening, speaking reading and writing activities designed specifically for employment-related skills development. Evaluation of occupational history, abilities, interests and goals, and transferability of skills
Academic ESL
Oral and written communication skills needed by students interested in completing work towards a high school diploma or entering a college or university program
Vocational ESL
Listening, speaking, reading, and writing activities directly related to a specific occupation as well as advanced pre-vocational ESL skills development

The SDCCD ESL program works cooperatively with adult education programs throughout San Diego County as well as with local CETA-funded projects such as SER and Occupational Training Services (OTS) in order to meet the needs of LES/NES adults throughout the county. Representatives of many of these programs participate in the Refugee Coalition through the Education Committee.

In planning the instructional program for adult Indochinese refugees, the SDCCD staff have taken into account the diverse needs of students from a wide variety of educational backgrounds. A new curriculum especially designed for the preliterate/non-literate student is being developed and field-tested. The majority of students in these groups are highly-motivated and attend classes regularly. However, it must be recognized that most will not progress nearly as rapidly as those students who are semi-literate or highly literate in their native languages.

The district ESL program is viewed as a continuum from the basic beginning literacy level through advanced courses leading to acquisition of job preparation skills and/or higher education. It is expected that many of the new refugee students arriving in San Diego in the next few weeks and months will have had the opportunity to participate in the intensive twelve week ESL and Cultural Orientation programs now being provided in the camps. However, since these camp programs are designed principally to serve heads of households between the ages of 16 and 55, the lowest levels of ESL instruction must still be offered in the local program to meet the needs of those who have not participated in the camp programs and those who need review and reinforcement before advancing to a higher level. Competency objectives included in the intensive ESL instructional program in the camps are being incorporated into the SDCCD literacy level and beginning level programs as deemed appropriate. Many of these objectives have been included in the existing district curriculum for several years and are an intergral part of the district core texts, English for Adult Competency.

The SDCC District recognizes the need to:

1. Provide additional ESL classes in order to reduce class sizes, individualize instruction, and improve the instructional program for all adults, particularly those who are from pre-literate/non-literate backgrounds.

2. Provide additional specialized ESL classes for under-served groups such as mothers (one class for mothers and their preschool children is now provided) and senior citizens.

3. Provide more vocationally-oriented ESL classes (one Machine Shop and Auto Mechanics VESL class is now provided). The following materials have also been incorporated into learning centers at the various adult centers:

a. Machine Shop Safety Preparation

b. Auto Mechanics Safety Preparation

c. Welding Safety Rule Preparation

d. Welding Tools Vocabulary

e. Auto Upholstery Vocabulary (includes common hand tools)

4. Provide vocation-specific ESL linked to skills training.

5. Provide more career counseling and job development assistance services.

6. Provide more bilingual services.

7. Consider the use of volunteer personnel in the insturctional program. (Recruitment, management, scheduling, and training of volunteer personnel would require at least one full-time certified position for which there are no funds available).

However, the district is limited in its ability to respond to these needs due to:

1. Maximum growth limitation imposed by State law. State law regarding the financing of community colleges and elementary/secondary schools sets a maximum growth that will be paid for from state dollars. This year, that maximum growth is 1.9%, yet enrollments in ESL and Adult Basic Education have doubled.

2. Continuing drastic decreases in special Adult Basic Education funding (section 306 of the Adult Education Act). Funding was decreased in 1980-81 by 48% from the previous year and is expected to decrease by another 23% in 1981-82 from the 1980-81 amount.

3. Anticipated cuts in CETA funding for specialized vocationally-oriented ESL classes.

4. Lack of experienced or trained ESL instructors. (Adult education of necessity offers only part-time employment. In 1978-79 the SDCCD employed 82 ESL instructors. In 1980-81 that number has increased to 180. Recruitment and training of new personnel is a monumental task.)

5. Minim . special funding for adult refugee students. (The district has received a one-year grant, 1981 only, under Section 317 of the Adult Education Act. This funding will not be available after December, 1981. No new appropriations have been made by Congress. The funding was for $96,789, or

less than $26.00 per Indochinese enrolled. Loss of this funding plus the expected cut in ABE Project (306) funds will seriously affect the district's ability to provide vital support services such as bilingual aides.)

6. Limited availability of appropriate vocationally-specific ESL curriculum materials. (Curriculum must be developed for most vocation specific ESL classes. This is a long and expensive process.)

Private Non-Profit Agencies

At this time in San Diego County, three private, non-profit agencies provide vital educational services to adult Indochinese refugees:

1. SER - San Diego County Jobs for Progress, Inc.

2. Occupational Training Services (OTS)

3. Vocational ESL and Job Training Program

Major Concerns and Recommendations

1. Unrealistic Expectations

Problem: The biggest problem faced by CETA-funded private non-profit agencies providing English-as-a-Second-Language training is unrealistic expectations. Within a twelve-week period, clients are supposed to learn English and find career employment. This limits the potential number of clients who qualify for services. In order to receive services, a client must speak at least an intermediate level of English and have a marketable skill. There is a need to lengthen the program so that people at a more basic English level can enroll. A client must have received skills training in the United States in order to find career employment. A person with skills training from his own country still needs to go through training here. A bookkeeper must learn our system; a nurse or teacher must go through licensing procedures. This retraining process takes a lot more time than twelve weeks.

RECOMMENDATIONS

- Provide 16-20 weeks of intensive ESL instruction.
- Provide for transition into linked programs.
- Provide for transition into other skills training programs.
- Offer 4-6 weeks of vocational English prior to job placement.

2. Short Term Approach

Problem: The existing process is a short-term approach. After a client finishes the ESL program, he can be placed on a job for unskilled workers. Because the job pays minimum wage, the client quits within a few months and reapplies for services. The client continues on the merry-go-round of social welfare programs. After he has improved his English, it is necessary to train him again -- this time in a marketable skill with which he can earn a decent salary and support his family. ESL, therefore, needs to be linked to skills training rather than to direct employment.

RECOMMENDATIONS

- Provide 16-20 weeks of intensive ESL instruction.
- Provide for transition into linked programs.
- Provide for transition into other skills training programs.
- Offer 4-6 weeks of vocational English prior to job placement.

3. Availability of Skills Training Program and Linked Training

Problem: Another issue is the lack of available skills training. There are often eight-month waiting lists for clients to enroll in skills training programs. There is a scarcity of free training programs.

RECOMMENDATIONS

- Provide for additonal 1-2 months of ESL training with curriculum aimed at preparing students for specific skills training programs.
- Provide for transition of ESL participants into skills training programs.
- Offer skills training programs in job areas of projected need for San Diego County.
- Offer ESL training concurrent with skills training with number of hours of skills training to be increased and ESL hours to be decreased.
- Provide for linked (CRT) training in a variety of job areas -- for example, electronic assembly, electronic technician, restaurant work, auto mechanics, home health care, cashier, drafting and

computer technician.

- Fund agencies to subcontract for both ESL training and linked training.
- Provide for OJT transitions.
- Provide for work experience leading up OJT transitions.

4. Child Care and Parenting in a New Culture

Problem: Childcare is an additional problem. Since clients lack transportation to reach the few areas where free child-care is offered, they must seek this service on their own. This childcare must be paid for out of the clients' own funds.

RECOMMENDATIONS

- Provide for RETC-contracted day care centers for RETC participants.
- Provide "Parenting in a New Culture" workshops for participants who are/will be in RETC programs.

5. Transportation

Problem: Transportation needs also make it difficult for many clients to attend training and to seek employment. Numerous areas of San Diego are not served by buses after a certain time of day. A client can spend up to four hours daily getting to work or school.

RECOMMENDATION

- Increase cost of living transportation allowances for participants.

6. Bilingual Staffing

Problem: There is a need for bilingual staffing. During the screening process, applicants need information translated to them. After acceptance, they need vocational and personal counseling in their native language.

RECOMMENDATIONS

- Hire bilingual counselors.
- Contact other service agencies to provide bilingual counselors as necessary.

7. Information Dissemination

Problem: Finally, there is not enough dissemination of information about CETA-funded ESL training programs. News about the programs does not reach potential clients.

RECOMMENDATIONS

- Provide program information in way of brochures, etc., in candidates' native language.
- Provide pre-intake counseling on available programs.

III. Post Secondary

As of March 1981, there were 3,759 Indochinese refugee students enrolled in community college district adult programs in San Diego. Although specific enrollment figures at San Diego State University are not available, the SDSU Educational Opportunity Program (EOP) office annually provides counseling and tutorial services to between 40 and 60 Indochinese students. UCSD has no Southeast Asian refugee students and other local four-year colleges and universities report insignificant numbers.

Of the 3,759 community college district students, approximately 400 are enrolled in college-level programs, while the remainder are attending vocationally-oriented classes.

The primary outreach effort to prospective Indochinese students is conducted by SDSU which sponsors an annual on-campus conference for promising Asian high school students each November. Admissions procedures, financial aid programs and student organizations are explained in detail.

A major controversy for Indochinese refugee post-secondary students which has yet to be resolved centers around out-of-state tuition fees. Many refugee students have used EOP and Basic Educational Opportunity grants to pay out-of-state tuitions or have avoided the higher tuitions altogether through federal immigration channels with affected refugees achieving either permanent resident status or full-fledged citizenship.

RECOMMENDATIONS

1. The state should allow San Diego State University to enroll Indochinese refugees in the Teacher Corps Program.

2. The State should develop a variation of the Teacher Corps Program at San Diego State University that would allow Indochinese refugee students to attend at their present educational level when they do not necessarily meet the rigid requirements that have been established.

Section IV - 6. ACCULTURATION

In the successful acculturation of Indochinese refugees to their new homeland, some basic principles seem inherent:

1) The degree of the refugee's acculturation appears directly related to their opportunities for community orientation and other related social services. Employment and education also provide acculturation opportunities, particularly within the ESL program.

2) Indochinese acculturation to their new country does not necessitate a forfeiture of the Indochinese culture.

3) Americans need to become knowledgeable about the Indochinese culture. From this heightened sensitivity can come a new awareness, better understanding, and a sense of community.

Perhaps more than in any other refugee problem area, the acculturation process is seen as more of a local responsibility rather than a state or federal. A great deal can be accomplished by mutual assistance agencies, sponsors, church and civic groups, fraternal organizations, and friends and neighbors to assist the refugee in absorbing new cultural traits.

One local acculturation effort initiated by the Refugee Coalition in conjunction with several other agencies is a "survival level" orientation for newly-arrived refugees. These week-long half-day programs conducted in each of the major Indochinese languages acquaint the refugee with the basics for getting along in their new country.

Other acculturation efforts include a variety of active language newspapers and radio programs and several training manuals for Americans on understanding the Indochinese culture. Several agencies include cross-cultural awareness programs among their services.

Town Hall meetings are conducted regularly in Linda Vista, have attracted upwards of 200 people, and focus on controversial community issues.

Another project with a heavy emphasis on acculturation is the Pan Asian Parent Education Project (PAPEP) which, among other activities, facilitates weekly parenting groups evolving around the similarities and differences in childbearing and socialization between the participants' culture and the mainstream United States culture.

The Indochinese Service Center offers a variety of services, including home management assistance in the areas of home environment, nutrition and family health, budgeting and consumer education and the use of utilities and other public and private services. ISC also offers community education to increase the cultural awareness of the general community and enhance community relations, and also to the Indochinese community to aid in their cultural transition into American society.

Despite these impressive efforts, most service providers feel that extended orientation is still needed for effective acculturation, including more information about American laws, politics, public and private resources, and the American lifestyle.

Nothing is to be construed from this section of the County Plan, that the refugee needs to abandon any part of his native culture. America has long been enriched by the customs of many immigrant groups and should be further enriched by the many contributions of its newest immigrants, the Indochinese.

Section IV - 7. HOUSING

Housing is the primary need of the Indochinese refugees when they arrive in San Diego County. It is also a major concern for the voluntary resettlement agencies (VOLAGS). These agencies are under contractual obligations with the United States Department of State to find initial housing for the refugees.

Due to the generally poor economic status of the refugees, the VOLAGS place the Indochinese in resettlement areas corresponding to the availability of low-rent housing, public transportation, and social service agencies. As a result, a concentrated refugee resettlement population exists in the Linda Vista community. It is estimated that 7,000 refugees (of the 22,000 - 24,000 in San Diego County) reside in this area. The Linda Vista community has an approximate total population of 23,000 to 25,000 residents.

Although a detailed study has not been conducted on the impact of Indochinese refugees on low-rent housing, the fact exists that most new refugees coming into this County are placed in low-rent housing. This, to some degree, increases competition in the market place and has generated negative feelings toward the refugees.

However, there are many contributing factors to this situation. A recent study on rent control by the County's Department of Housing and Community Development identified the shortages of low-rent housing units as a major problem in the San Diego region for the entire County population including military personnel and college students.

Low-rent housing unit shortages are a result of high land and high building costs, increasing population, controlled growth, rental conversions to condominiums, inflation, etc. For these reasons, the cost of low-rental housing units has been going up throughout the County with many units moving into the medium-cost range. This is a classic situation where demand far exceeds supply and creates a landlord's market.

The San Diego Comprehensive Planning Organization estimates that 33,000 non-refugees moved into San Diego County in 1980. This, along with the anitcipated 6,000 new refugees per year, will further adversely impact the housing situation in the County. (The 6,000 refugees comprise 3.6% of the nation's 168,000 refugees per year. This is disproportionate to the County's 0.8% share of the total national population.)

With these new refugees, VOLAGS currently are expanding areas of relocation to North Park, North County, East County and South Bay. This is primarily due to the availability of limited low-rent housing in these areas.

To alleviate this situation, the Federal Government should be made aware of the region's shortage of low-income housing and should be urged to provide additional funds.

Additionally, it is recognized that refugees need better orientation on their housing rights and responsibilities, and more basically on how to use the utilities in their apartments.

RECOMMENDATIONS:

1) The County and City Departments of Housing and Community Development should seek additional federal funds (HUD Section 8 Rental Subsidies and New Rental Construction) to alleviate the housing shortage for all low-income families in the San Diego region.

2) The San Diego Refugee Coalition should designate an agency to seek available funds to develop an information packet in the different Indochinese languages. The packet should be designed to provide refugees with information on their housing rights and responsibilities.

3) The refugee resettlement agencies, and other support agencies, in San Diego County should continue efforts to settle as many refugees as possible outside the Linda Vista area.

Section IV - 8. REFUGEE COMMUNITY SUPPORT AND CAPACITY BUILDING

In a society of limited resources, the capacity of refugee-serving government and government-supported agencies is becoming severely strained. We are at a point in time where we need to move beyond existing systems and recognize the need for informal helping/support systems, including Indochinese self-help groups.

With some initial organizational assistance from experienced service agencies, refugees are quite capable of utilizing their own capacities and resources to act in their own behalf. The notion of utilizing self-help is completely consistent with Indochinese values, and is also consistent with this plan's suggestion for more local involvement in decision making and problem solving.

The most logical source of self-help for refugees in San Diego County would be the refugee Community Organizations (such as MAA) whose members collaborate to bring "help from within" - help to newly-arrived refugees for the most part, from other refugees who already are established and in a position to assist.

Already, San Diego's various Mutual Assistance Associations are active with hundreds of refugees, helping them with everyday adjustment problems of the complex American lifestyle. Additional services that could be provided, given time and support, include Emergency Services and Extended Orientation.

As the various groups of Indochinese mutual assistance associations and community organizations gain experience and demonstrate service efficiencies, additional responsibilities and leadership will accrue.

On the personal level, there is "Granny," the nickname that neighborhood children have given to Sarah Segelken. From the San Diego Union of March 14, 1981: "The 54-year old mother lives with her two teenage sons near Montgomery Junior High School in one of the old apartments built for defense plant workers during World War II.

Segelken has been involved with the Town Hall and Neighbor-to-Neighbor from the start, taking part in kitchen activities aimed at children, such as decorating cookies. Gradually, she has gotten some of her American and Indochinese neighbors involved with each other.

'We've held marshmallow toasts out in the courtyard. If we see the women doing their needlework, we go out and look, and say how pretty it is,' Segelken said. 'When they learn a new phrase in their English classes, they try it out on us and we answer them back. It's just our way of trying to become friends.'

Some of the smaller refugee children have learned to look for Segelken for protection, even if they can't ask for it in English. 'If the bigger kids are harassing them, they knock on my front door and point to them. I run 'em out of here.'

Segelken says she was both perplexed and frustrated when the refugees first arrived. A volunteer aide in a bilingual elementary school class designed for Hispanics, she suddenly found herself trying to communicate with 15 Vietnamese children who spoke no English or Spanish.

'If you want to know what a communications problem is, try explaining the Goodyear blimp to people who don't speak your language,' she said with a laugh. 'We communicate with each other with pictures, little stick men.'"

It is the intent of San Diego's public and private sectors to continue and further refine all of these efforts towards improved community relations, and to initiate new programs. A Neighborhood Watch Program starts soon in Linda Vista with an expressed goal of crime prevention, but perhaps more importantly, an outstanding opportunity to develop an increased sense of awareness and trust among neighbors. An acculturation program for elderly refugees begins this summer under the auspices of ACCESS, and a cultural fair or exposition is in the early planning stages. An attempt will be made at an Indochinese cultural presentation at the 1982 Southern California Exposition at Del Mar.

The refugee situation affects many federal programs--Health and Human Services, Education, Labor, Housing and Urban Development, Agriculture--and calls for each federal authority to examine how its programs can be "sensitized" to aid the resettlement effort. It would seem proper that the federal government should better coordinate these efforts.

Opportunities for the Indochinese community organizations to assume additional responsibilities must be provided.

Section IV - 9. COMMUNITY RELATIONS

Many Indochinese refugees receive inadequate information regarding the United States society and arrive with limited understanding of our social customs. Without orientation, some refugee behaviors deemed perfectly acceptable in their homelands elicit negative reactions from Americans.

The cultural differences are many and are deep-rooted. Education, understanding, and time may mollify the situation.

Aside from cultural problems, there is a public perception that the refugees increase competition in the already tight housing and labor markets. The highly impacted areas generally assert that the refugee situation is the federal government's problem.

San Diego County, however, asserts that much can be done at the local level to enhance improved community relations between refugees and the majority community.

Some of the local efforts at improved community relations for the refugee include:

A "neighbor-to-neighbor project" initiated by Strengthening Family Life-Family Service Association and, more recently, assumed by the Town Hall in which several American families meet with several neighboring Indochinese families living in common courtyards. An intercultural team facilitates the meetings in which cultural differences are discussed, misunderstandings are worked out, and a "buddy family" is established. More than a hundred families have participated so far.

The Community Improvement Project is another program started by Strengthening Family Life to aid Linda Vista and its many refugee residents to influence decisions affecting their community. The CIP has been involved in city and statewide elections where the issue would have a lasting effect on the area. The CIP has been involved in making Safeway Stores more accountable for its services and products, both to the original population and the newer Indochinese residents. CIP is now involved in periodic weekend clean-ups of the area and expansion of the Bayside Family Food Buying Club to evening hours.

Town Hall meetings are held once a month to create community events and announce news affecting the area. One meeting featured five Indochinese speakers: a Vietnamese, a Cambodian, a Hmong, a Laotian and a Chinese Vietnamese. They all discussed aspects of their culture and difficulties they faced in assimilating to American culture. The presentations were warmly received by the 80 residents in attendance. The meeting was ethnically mixed, and questions came out of concern rather than hostility.

RECOMMENDATIONS:

1) The United States Department of State should intensify efforts to provide a more comprehensive orientation program to refugees before they arrive in the United States.

2) The County should coordinate community service agencies to conduct an outreach program to educate the public.

3) The County, cities, school districts, educational providers, and community service agencies should emphasize multi-cultural awareness, including Indochinese cultures, in program and in-service training operations.

Section IV - 10. IMPACT OF REFUGEE ACT OF 1980 AND STATE AND FEDERAL BUDGETARY CONSTRAINTS

1) The Refugee Act of 1980 has failed to protect San Diego County from being designated as the destination for a disproportionate share of Indochinese refugees. This problem, of course, is common to several other California counties as the state as a whole has absorbed some 35% of all refugees admitted to the country. The favorable climate, reasonable levels of public assistance, and social and economic opportunities have all combined to make California in general, and San Diego in particular, as a preferable resettlement location among refugees.

   The federal response to this heavy local influx of refugees has been unrealistic, with local taxpayers forced to assume an unfair share of the burden. Non-refugee groups in need of services have been shunted aside on occasion, creating neighborhood tensions and smoldering resentment which could trigger racial conflict.

   The situation could exacerbate beyond all levels of tolerance if the El Salvador political climate deteriorates and large numbers of refugees head for America. As a border city, San Diego could expect to receive many of these people.

   San Diego County philosophically supports the three-year limit on 100% federallly reimbursed refugee assistance, cash and medical programs. We believe that indefinite reimbursement would create the impression among refugees that assistance programs are entitlement programs, which they are not. Further, San Diego County recognizes that all expenditures of public funds, regardless of federal, state or county, all emanate from the same source - the taxpayer.

2) The primary state and federal budgetary constraint felt by local programs is the uncertainty about FFY 1981-82 funding levels. Effective program planning is hampered by the delayed decisions, and employee morale is also affected as job security becomes an issue.

   As stated earlier, San Diego's request for full federal funding of refugee programs is tempered by the reality that taxpayers can be extended only so far. Thus, San Diego's plan emphasizes those services essential to economic and social self-sufficiency.

RECOMMENDATION:

The state and federal governments need to make earlier fiscal decisions to assist local planners develop programs in a timely manner.

SECTION V

DESCRIPTION OF COUNTY PROGRAM DURING THE PLAN PERIOD (FFY 1981-82)

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8. List of projects, with concise information on contractor, contact person, area served, type of services and funding level..... 83

Section V - 1. GENERAL DESCRIPTION OF COUNTY PROGRAM

As stated elsewhere in this report, the goals and objectives for San Diego County's Plan for Refugees thus far has been to assist them towards integration into the mainstream of community life via economic self-support and social self-sufficiency. No substantial change in emphasis is foreseen for FFY 1981-82.

The recommendations presented elsewhere in this plan request additional federal funding. Current funding levels are regarded as inadequate considering the scope of needs and the continuing influx of refugees anticipated for the San Diego area in the next year and beyond.

With the major exception of a computerized client tracking system, most of the needed County programs are operational at this time.

Section V - 2. ANTICIPATED FUNDING LEVEL AND SOURCES (PUBLIC AND PRIVATE) FOR FFY 1981-82

Refer to Section III - 6 for a listing of County projects and their funding levels. Funding levels for FFY 1981-82 are still unknown to many agencies. Most report that they have requested to be maintained at 1980-81 levels, but are not optimistic of their chances.

Section V - 3. TYPE OF SERVICES TO BE PROVIDED. INDICATE AVERAGE DURATION/LIMITS OF SERVICES PER CLIENT ANTICIPATED, IF APPLICABLE

San Diego's FFY 1981-82 refugee plan provides those services necessary to economic and social self-sufficiency. Within the confines of statutory regulation and accepted cost-effectiveness practice, duration and limits of many services are not precisely defined.

Job blacement services are heavily emphasized by the State Employment Development Department, the Indochinese Orientation and Employment Program and several private sector programs, and are available to any refugee client for whom an employment goal remains feasible. ESL is open to anyone who can benefit.

Short-term training in high employee demand occupations is provided for those with demonstrated potential.

Educational programs are mandated for children following individual school district policies applicable to all children, refugee or otherwise. Health services are also extensively available, without specific time constraints, and with heavy emphasis on TB screening and inoculations. Some limited mental health services are available from both the public and private sectors, although meager resources essentially restrict services only to those displaying serious symptoms. Even then, only time-limited services are ordinarily provided.

Social services emphasize counseling geared towards economic and social self-sufficiency, and although time limits are ordinarily

non-specific, high workloads generally necessitate brief services. Child protective services are available to refugee children to age 18.

Cash assistance programs follow federal, state and county regulations, with the shortest duration of aid always the overriding objective.

Section V - 4. TARGET POPULATION

From the very beginning, the target population for County refugee services has been the Indochinese people from Vietnam, Cambodia and Laos. This will continue to be true during the FFY 1981-82.

We believe the plan to be sufficiently flexible, that, with minor adjustments, it could also be applicable to refugees from Cuba, Haiti, El Salvador, and other potential sources of additional refugees.

Section V - 5. CLIENT TRACKING SYSTEM

For the most part, tracking systems in San Diego County refugee-serving agencies are weak and underdeveloped. Most tracking systems consist of individual agencies maintaining loosely-organized systems in which clients are periodically recontacted to ascertain what services may still be necessary.

The International Rescue Committee policy is to contact refugees once a week for the first two months after arrival. After these two months, it is the refugee's responsibility to contact IRC for needed services.

The United States Catholic Conference (USCC) utilizes a pre-arrival card system to catalogue activities which need to be accomplished before the refugee's actual arrival, and a separate new-arrival card system to reflect services actually provided and those still needed. Very regular contacts are maintained during the first months of residence, followed up with 30-day, 60-day, 90-day and one-year tracking.

Other VOLAGS generally follow refugees for six months, but the frequency of contacts during this time varies from one agency to another.

The County Department of Social Services has established a computer-based tracking system for time-expired refugees continuing on non-RAP assistance in order to substantiate county costs for possible federal reimbursement in the future. DSS is also currently participating in the testing phase of the State's Refugee Management Information System (RMIS).

The inevitable result of piecemeal tracking systems is a fragmented delivery system in which services are duplicated or, more likely, not provided at all.

RECOMMENDATION:

Requests for federal funding for a computer-based tracking system will be held in abeyance pending implementation and demonstrated effectiveness of the State RMIS plan.

Section V - 6. ORGANIZATION AND STAFFING OF COUNTY PROGRAM

Section III presents the 22 separate private and public sector agencies providing services to San Diego County refugees, an additional 16 agencies represented by the Union of Pan Asian Communities (UPAC), and 18 social, cultural and religious organizations represented by the Indochinese Mutual Assistance Association. No attempt will be made here to present the organization, staffing or organizational charts for these 56 agencies.

In terms of staffing, the Department of Social Services is the most significant local program, providing personnel exclusively assigned to refugee services. A detailed description of organization and staffing for DSS follows.

Other public sector agencies such as the Department of Health Services and its Community Mental Health component do not offer programs exclusively intended for refugees. Thus, organizational and staffing plans for these programs are not relevant to this county plan.

Department of Social Services organization and staffing:

DSS provides three programs which are exclusively designed for refugee assistance:

1) Refugee Assistance Program - Provides eligibility determination and case work management service to Refugee Assistance recipients. (District Operations on Organization Chart)

Staffing	Staff Years
Welfare Administrator III	.25
Welfare Administrator II	.75
Eligibility Supervisor	4.50
Eligibility Worker II/I	35.25
Intermediate Clerk	9.50
CRT Operator	2.00
Senior Clerk	1.00
Supervising Clerk	.25
Administrative Secretary I	1.00
Stenographer	1.00
Social Services Aid II/I	1.75
Telephone Operator	.50
	57.75

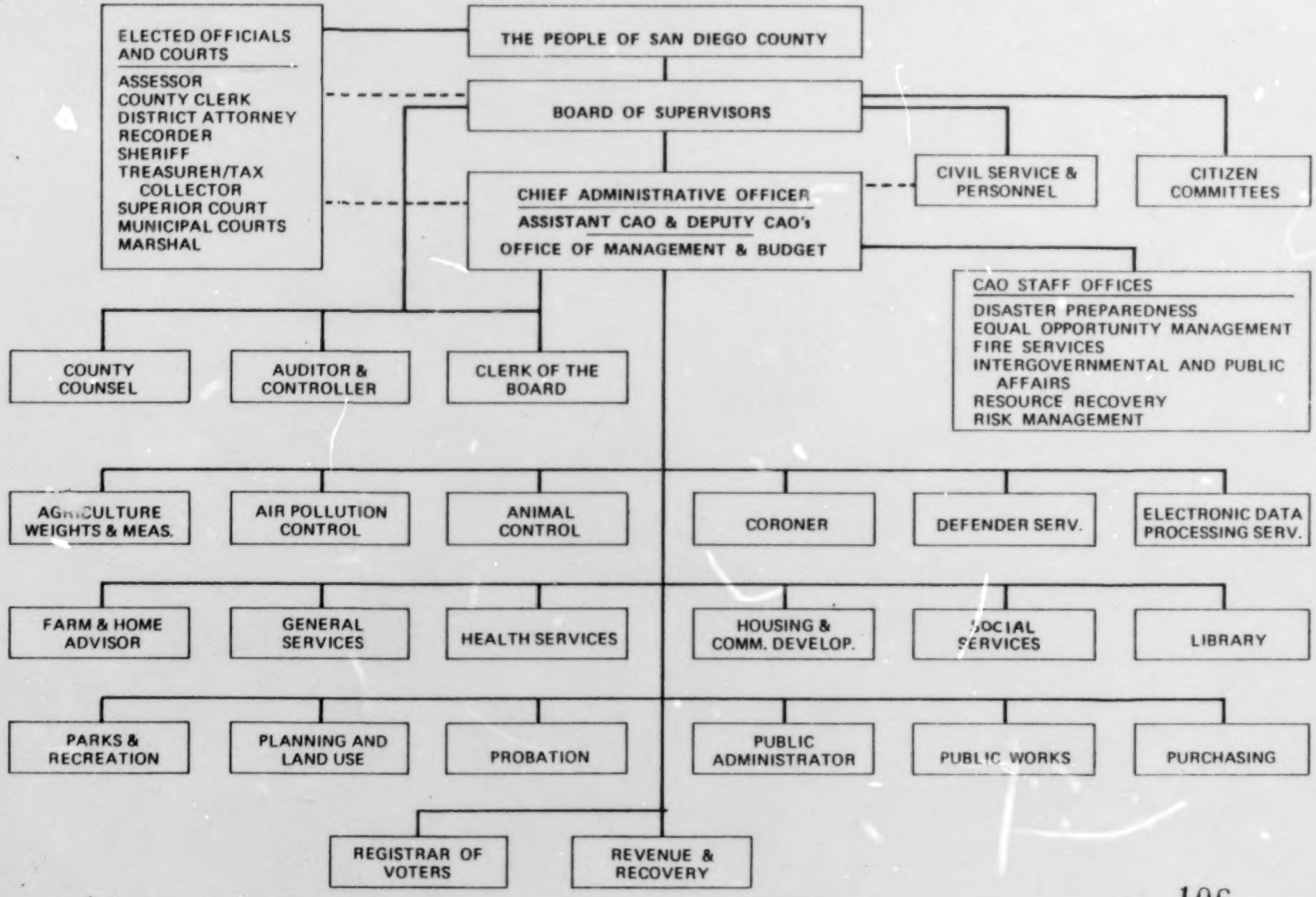
2) Employment Services - Provides employment assessment, orientation job development, training and job placement to refugees. (Employment Development on Organizational Chart)

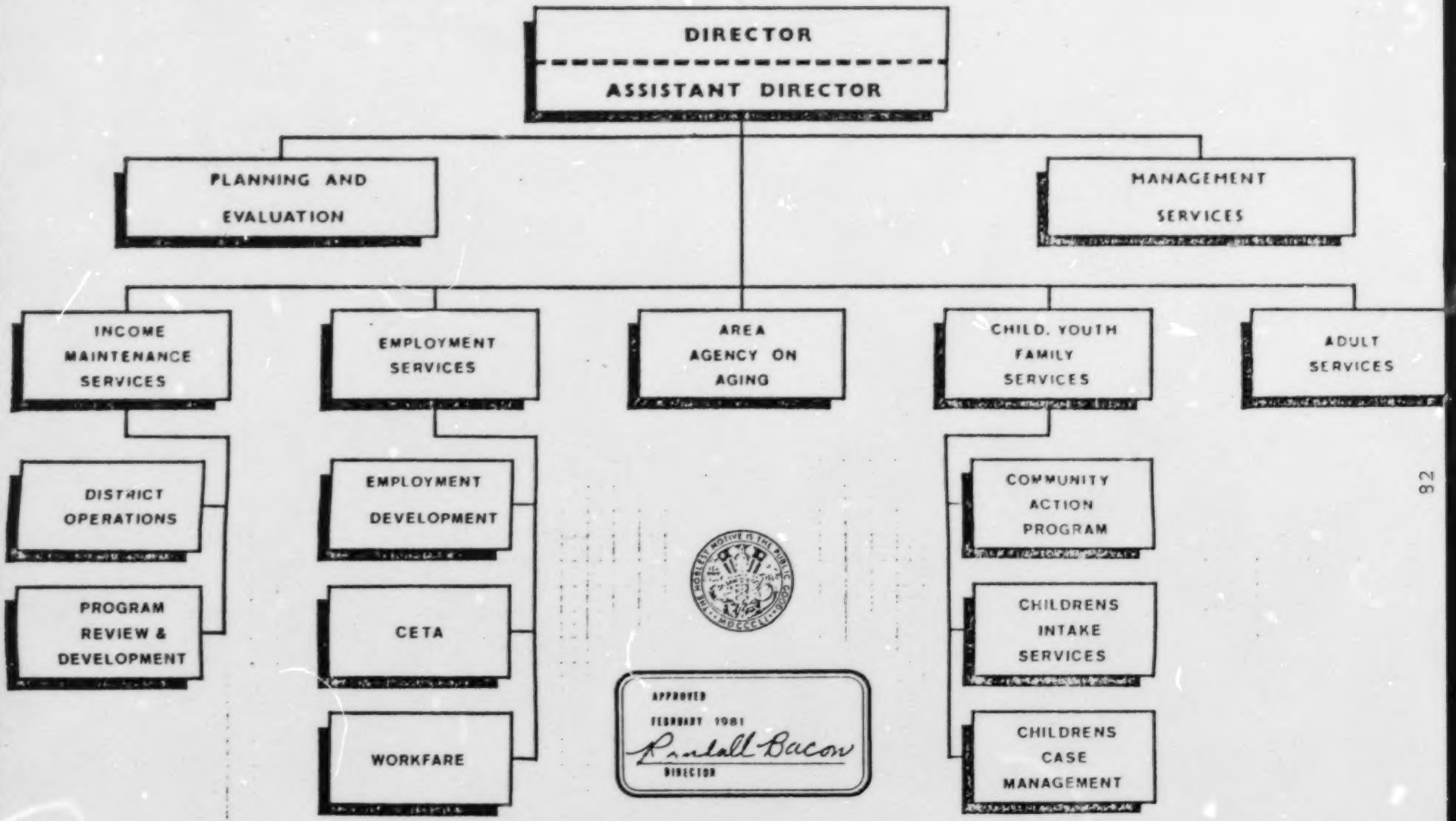
Staffing	Staff Years
Indochinese Orientation and Employment Program (IOEP)	
Welfare Administrator I	1.00
Social Work Supervisor	2.00
Jr/Sr Social Worker	15.00
Social Services Aid II/I	6.00
Junior Clerk	1.00
Intermediate Clerk	2.00
Department Clerk	1.00
Indochinese Employment Services Center (IESC)	
Social Work Supervisor	1.00
Jr/Sr Social Worker	5.50
Social Services Aid II/I	8.00
Intermediate Clerk	1.00
	43.50

3) Integrated Childrens Services - Provides investigative, protective placement services, both voluntary and involuntary, to abused and neglected refugee children and unaccompanied refugee minors. (Childrens Case Management on Organization Chart)

Staffing	Staff Years
Sr. Social Work Supervisor	1.00
Sr. Social Worker, MSW	1.00
Social Worker, MSW	5.00
Social Services Aid II/I	3.00
	10.00

COUNTY ORGANIZATION 1980 - 1981





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DEPARTMENT OF SOCIAL SERVICES (DSS)

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Other DSS programs also provide services to refugees. Although not exclusively designated for their use alone, these would include adoptions, foster home licensing, in-home supportive services, adult protective services, conservatorship and Hillcrest Receiving Home as well as such support services as quality control, electronic data processing, appeals, investigations, etc.

Section V - 7. SUMMARY OF LOCAL PROGRAM, INCLUDING PILOT PROJECTS AS APPROPRIATE, BASED ON COORDINATION WITH CITIES AND COMMUNITIES

The 1981-82 San Diego County Plan for Refugees places heavy emphasis on economic and social self-sufficiency at the earliest possible date. Although reasonable federal funding is requested for support services, we are cognizant that all funds originate from one finite source - the taxpayer. Thus, San Diego's plan is tempered with the theme of minimum expenditures absolutely necessary to promote self-reliance.

The local program presented in this plan has been heavily based on recommendations from the two primary refugee coordination organizations in San Diego County -- the Interjurisdictional Committee on Refugees and the San Diego County Refugee Coalition. While no claim is made that all members of these two organizations unanimously endorse all aspects of this plan, there does exist a consensus of support. Dissenting individuals and organizations are aware of the opportunity to submit minority opinions directly to the State Office of Refugee Affairs.

Section V - 8. LIST OF PROJECTS DURING PLAN PERIOD (FFY 1981-82)

It is anticipated that most, or all, of the projects listed in Section III - 6, for FFY 1980-81, will be continued during the FFY 1981-82 plan period. No attempt is made here to replicate that information.

It has been recommended elsewhere in this plan, however, that projects which tend to overlap each other in services provided will be encouraged to consider program mergers.

The only new project now anticipated for the 1981-82 plan period is the Comprehensive Refugee Health Program described in Section IV -3.

SECTION VI

PROPOSED ACTIONS WITH TIME FRAME

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Section VI - 1. Staff Training

Staff training is recognized as a responsibility and prerogative of each individual participating agency with content and methodology varying among agencies depending upon need and expressed interests. Agencies have banded together, however, on those occasions when joint training opportunities have been mutually advantageous. These shared activities are encouraged whenver possible to promote the economical use of meager training funds, to enhance program coordination and improve inter-agency communications. Staff training is seen by all participating San Diego County agencies to be an ongoing activity.

Section VI - 2. Refugee Access to Services

Most of the services described in Section IV of this plan have addressed the issues of accessibility of these services to refugees through such means as:

1) public relations and other outreach efforts

2) translation and interpretation

3) child care

4) transportation

5) follow-up and advocacy

The importance of easy access to services cannot be overstated. It makes little sense to establish programs in such areas as employment, education health, social services, etc., and then fail to provide the resources in which refugees can gain access to these programs. These recources of translation and interpretation, child care, transportation, etc., are beyond the fiscal capability of County government alone, and will need greater infusions of federal assistance.

The problem of transportation is a major barrier to refugee access to services and warrants special consideration. In our mobile society, it is extremely difficult to accomplish our daily needs without a form of rapid transportation. The needs of the Indochinese generally fall into three categories:

1) Transportation to and from various service agencies

2) Transportation to and from places of employment and/or education

3) General transportation needs

At present, much of the Indochinese need for transportation to service agencies is provided by individual counselors using their private vehicles. Existing transit and paratransit systems have not been extensively utilized due to language barriers and general unfamiliarity with the systems.

It has been reported in meetings that the Indochinese have been resourceful in finding transportation. Some have pooled their resources to buy a used car and share in its use. Others have joined car pools for work and educational training. However, based on discussions with many agencies the vast majority of the needs have not been met.

In a report dated January 9, 1980, of a survey conducted by the Welfare Department only 16% of the Indochinese Aid to Families with Dependent Children (AFDC) recipients owned an automobile. In contrast, 38.9% of non-refugee AFDC recipients own autos.

In June 1977, the Comprehensive Planning Organization completed a study of the transportation problems for minorities in San Diego County. The following are some relevant problems:

1) Minority groups tend to be more transit dependent than non-minority groups. Minority families tend to be younger and larger, and tend to have less income. Although the great majority of minority households own an automobile, there are fewer mutlitple-car households.

2) For a number of additional reasons, minorities tend to be harder to serve with transit than non-minority groups. Less than 10%, but still a significant number, of minority residents have difficutly with the English language. This difficulty tends to restrict the use of transit. Minorities, particularly males, tend to have occupations that are difficult to serve by transit. These occupations are characterized by irregular hours, suburban industrial locations, and frequent shifts in location.

3) Access by transit to the region's growing industrial parks and four-year colleges is generally difficult from most minority areas. Most of these trips would involve at least one transfer and relatively long travel times. If current trends continue, this condition will become more pronounced as employment opportunities continue to shift toward the north.

4) Routes operating at over-capacity loads, as defined by the transit operators, are most frequently operating in the minority communities. And, finally, minorities are not represented or underrepresented on three out of four planning and policy boards that make decisions on transit operations.

5) Although the limited service area of the transit system was the main reason given for not using transit, a lack of understanding of how to use the system, and where the system served was also a major concern expressed, especially in North County. Language or cultural barriers to using transit were most frequently identified by Filipinos and Latinos.

In an attempt to fill the gaps in the transit system, paratransit systems were developed. Basically, paratransit operations can be classified as those services which fall between the private automobiles and conventional mass transit modes in the spectrum of urban services. Paratransit services include the following: dial-a-ride systems, carpools and vanpools, subscription bus systems, taxi services and shared-ride systems.

However, the primary objective of many of the paratransit systems is to provide services to the elderly and handicapped. The paratransit systems are often inconvenient and time-consuming. Again, language problems are a barrier to Indochinese.

Recommendation

The State Transportation Department, the County's Department of Transportation and Department of Social Services, the City of San Diego's Paratransit Administration, the San Diego Refugee Coalition, the Comprehensive Planning Organization, the San Diego Transit Corporation, and other transportation authorities should develop and coordinate transportation resources, information, paratransit options, car and van pooling, and other special transportation assistance to meet the needs of low-income and minority groups.

Section VI - 3. Proposed Role of the Private Sector, Including Voluntary Agencies, Mutual Assistance Associations, Community-Based Organizations and Corporations.

San Diego endorses a strong role for the private sector in the planning and provision of direct services to refugees in recognition of the unique skills which they have acquired in many years of experience, and also in view of the anticipated reduction of available funds. Each of the various private sector agencies has particular program strengths, with the strengths of the respective agencies nicely complimenting each other. Inter-agency referrals can utilize these strengths to the refugee's advantage.

Voluntary Agencies: There are five voluntary agencies (VOLAGS) operating in San Diego County:

1) Church World Services

2) International Rescue Committee

3) United States Catholic Conference

4) World Relief Corporation

5) Lutheran Immigration and Refugee Services

Each of these agencies has negotiated in contract with the United States Government and has been awarded a grant to assist newly-arrived refugees during the intial stages of their resettlement in the United States. The amount of money available at local resettlement offices for direct assistance to refugees varies according to the efficiency of the VOLAG's national organization and the extent to which they have developed other funding sources to supplement the government grants.

Services contracted from the VOLAGS by the federal government are as follows:

1) Meeting the refugee on arrival

2) Arranging initial housing

3) Providing the minimum furnishings

4) Food

5) Clothing

6) Providing orientation

7) Giving aid in securing employment

8) Arranging for language studies (ESL)

9) Referral to skills training where need is determined

10) Enrolling children in school

11) Introducing the refugee to his new community

12) Providing personal encouragement and support

13) Providing assistance to medical facilities upon arrival (i.e., referral, transportation, translation)

14) Assistance in applying for social security card

15) Counseling, referral, and assistance in any immigration-related issues

Depending upon the structure of the VOLAG, sponsorships may be provided by congregations, agency affiliates, groups or individuals, but in each case, they are backed by the national and local representative agency.

The majority of refugees presently arriving in San Diego County are family reunifications. Relatives, friends, and sponsors should be encouraged to honor their commitments to the new arrivals and assist in orienting them to the community until they become self-reliant.

Since VOLAGS are contracted by the federal government, San Diego County further recommends a federal monitoring process to ensure that they fully meet their contractual obligations. Consistent failure to do so should result in sanctions, including cancellations of any contract, if necessary.

Community-Based Organizations: Services provided by the various community-based organizations are described elsewhere in this plan, particularly Section III - 6. (List of Projects) and Section IV - 4. (Social Services). Although adequate measuring tools for effectiveness of services provided by refugee-serving agencies have not been developed, most of the community-based agencies have earned the respect and appreciation of their refugee clientele.

Community-based organizations recognize the inevitable reduction of funds which support their program. There would appear to be two strategies for addressing this problem:

1) to encourage service agencies which appear to have reliable funding basis (i.e., Salvation Army, Family Service Association, et.al.) to incorporate refugee services into their traditional programs. One means of accomplishing this is to begin hiring Indochinese-speaking staff.

2) to work cooperatively with mutual assistance agencies, sharing their expertise with these agencies via joint training and planning and coordination activities.

Mutual Assistance Associations: The 18 mutual assistance agencies in San Diego County, and their parent organization, the Indochinese Mutual Assistance Association, are listed in Section III - 6.

The mutual assistance agencies are especially effective with acculturation to the complex American lifestyle, supportive counseling, and preservation of the Indochinese culture. Their accomplishments have been especially significant in view of no funding from any source, except donations and fund-raising events.

Given temporary funding, the mutual assistance agencies could evolve into major resources for referrals from VOLAGS and community-based organizations, With a period of funding to strengthen their program through training, planning, evaluation and participation in community organization activities, mutual assistance agencies could advance to a position where they could be the principal refugee-serving agencies when funding eventually is reduced.

San Diego recommends that 20% of Federal funding for refugee social services in this County be specifically designated for the Indochinese Mutual Assistance Association. This funding should be accomplished within six months.

There are a number of actions which the mutual assistance agencies and their parent organization, the Indochinese Mutual Assistance Association, can undertake in their own behalf to strengthen their position among refugee-serving agencies. These actions, endorsed by the IMAA itself, could greatly diminish the doubts among some service providers about mutual assistance agency capabilities to serve Indochinese refugees adequately.

1) The IMAA should participate in all refugee planning and coordinating organizations.

2) The IMAA must adhere to all hiring and personnel practices stipulated for agencies receiving public assistance funds.

3) A consumer grievance process should be established which provides for a hearing of client complaints by some impartial panel.

4) The IMAA should submit a plan for continued service once public funding is reduced or even eliminated, addressing such issues as voluntarism and fund-raising. This plan must ensure that all Indochinese can be served, regardless of nationality, sex, age or political preference.

Corporations: Cooperation from private industry in hiring qualified Indochinese refugees has been sporadic. Electronics firms have assumed the lead in employing refugees, and have been very satisfied with the attitudes and performances of these workers. Refugee job placement agencies should capitalize on the endorsements which electronics firms could provide to other industries.

We also need to develop a "buddy system" in which established American business firms could lend technical assistance to small refugee-owned businesses.

Assistance could be provided from corporations to develop a cottage industry which is uniquely suited to the skills and needs of refugee artisans. Renowned for their talents in such handicrafts as weaving, embroidery and needlework, the refugees would enjoy a definite market for their products among Westerners who appreciate the "exotic" nature of Indochinese work. Much of this work can be done at home where transportation and child care problems are avoided.

Recommendations:

1) Twenty percent (20%) of federal funding for refugee social services in this County should be specifically designated for the Indochinese Mutual Assistance Association. This should be accomplished within six months.

2) All refugee-serving agencies receiving public funds should be monitored to ensure that contractual obligations are fully met.

3) Community-based organizations should work cooperatively with established service agencies and mutual assistance agencies in preparation for reduced public funding of refugee programs.

4) Temporary funding of mutual assistance agencies is recommended to strengthen these agencies for that point in time when funding is reduced or even eliminated.

5) County government should coordinate the efforts of refugee-serving agencies receiving public funds to enhance cost-effectiveness, minimize service overlaps and identify program gaps.

6) Agencies bidding for public funds must have an advisory board which is representative of clients served.

7) Develop improved corporate relationships to facilitate refugee employment opportunities.

Section VI - 4. Need for Any Specific Project, Such as Research, Study or Pilot Projects

Certain basic information is essential for any program to operate in an effective, cost-efficient manner. This is especially true of refugee services in which counties have relatively little experience. Special projects which San Diego County believes to be essential for an effective refugee program include the following:

Recommendations:

1) Periodic demographic studies, carefully designed and following scientific sampling procedures, which will provide broad information about relevant aspects of refugee life. In order to receive full refugee participation and for purposes of accuracy, such a study should be conducted by Indochinese interviewers.

   A demographic study through the joint auspices of ACCESS and San Diego State University is currently in the planning stages with a target completion date of December 31, 1981, with preliminary information available this summer.

   The lack of current demographic data has been a major frustration in the preparation of a sound county plan and has sometimes forced sweeping generalizations without sufficient corroboration.

2) Research is needed to realistically determine what services are needed to achieve self-sufficiency. Such research might reveal, for example, that a refugee without formal education may need an extended period of cash assistance, ESL, health services and community orientation before self-sufficiency becomes a realistic expectation, while a college-educated refugee may need only job placement services.

   Such research could help establish program priorities.

3) Research could reveal refugee attitudes about what services they need and use.

4) An effectiveness measurement is needed for each refugee-serving program.

5) Information is needed about secondary migrants: who they are, why they come to San Diego, their unique needs and problems, and whether some form of control on secondary migration is indicated.

6) In recognition that most refugee employment, training and education programs are male-oriented despite females heading 35% of refugee households, research needs to identify which programs can be designed to meet the needs of females. The alternative for these women is long-term public assistance.

Section VI - 5. Additional Suggestions for Issues Which Have Overall Impact on County or State Programs Regarding Strategy, Policy, Organization, Emphasis, etc.

Nothing could have greater impact on county or state strategy, policy, organization or emphasis than for federal-level re-examination of its responsibility to refugees in relation to other nations. Given a disproportionate share of the world's wealth, are we also to assume a disproportionate share of the world's oppressed people? Although the United States certainly has a substantial obligation to the Indochinese people as a result of war debts, have other nations assumed their share of the responsibility?

There is an obvious relationship between the number of refugees to be served, the time frame in which to prepare for them, and the level of service which can be provided.

It would appear that refugees would be better served if all nations participated to some equitable extent rather than overextending the limited resources of any one country.

SECTION VII

COORDINATION OF COUNTY PLAN IMPLEMENTATION

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2. Services activities meshing..... 94
3. Information exchange with other agencies within the County..... 95
4. Reporting system and requirements..... 95

Section VII - 1. COUNTY PROGRAM MONITORING MECHANISM

A formal monitoring of this program will be difficult because the County government was forced to eliminate its program evaluation component last year due to budgetary constraints. Nonetheless, oversights or other weaknesses in the compilation of this plan are likely, thus some type of review process is warranted.

San Diego County suggests that the collective wisdom of the Refugee Coalition may be the best available vehicle for this monitoring process. The Refugee Affairs Coordinator is the County's liaison to the Coalition, regularly attends meetings, and would be in the strongest position to alert the Board of Supervisors to problem areas.

The County should also ensure that a Board of Supervisors representative regularly attends Town Hall meetings and other organizational meetings where direct refugee input can be received.

A formal evaluation process for participating agencies is a definite weakness. The resumption of an evaluation process is recommended elsewhere in this plan.

Section VII - 2. SERVICES ACTIVITIES MESHING

While there have been efforts at meshing San Diego County refugee services so as to minimize overlap and duplication, the need for further improvement is apparent.

On the positive side, coordinating efforts of the Interjurisdictional Committee on Refugees and the San Diego Refugee Coalition have helped towards more effective planning and have served as a principal means of communication among service providers.

A number of agencies share building facilities and thus are in constant communication with each other on both policy issues and individual casework issues. Among building facility-sharing agencies are ACCESS, Indocninese Family Planning Outreach and Education Project, Linda Vista Health Care Center and the United States Catholic Conference, all at 6970 Linda Vista Road; the Pacific Asian Coalition, the Samoan Association of America, Samoan Services Club and Thai Association of San Diego, all at 2459 Market Street; and the Lao Community Association and the Vietnamese Alliance Association at 4379 30th Street. The Department of Social Services' Indochinese Orientation and Employment Program use facilities of the San Diego Community College's Centre City Adult Center, where the two programs are regularly collaborating and sharing interpretation staff. A number of agencies also share transportation resources, with prospects of further coordination under the auspices of a City of San Diego transportation coalition.

Refugee outreach stations jointly operated by ACCESS, Catholic Community Services and the Indochinese Service Center have recently been opened in East San Diego and National City. The Indochinese Orientation and Employment Program (IOEP) has joined these agencies to open another center in San Marcos.

On the negative side, however, many of the mission statements of the various service organizations would appear to overlap, although ostensibly serving different refugee groups.

RECOMMENDATION:

Service program managers should commence a dialogue regarding the possible merger of compatible programs, including a mix of the public and private sectors. Funding priorities should be given to those agencies which demonstrate cost-effectiveness, with one means of demonstration being program mergers.

Section VII - 3. INFORMATION EXCHANGE WITH OTHER AGENCIES WITHIN THE COUNTY

Basic to a quality program for refugees is some forum for exchange of viewpoints, information, and constructive suggestions. The primary local effort towards this end is the San Diego Refugee Coalition.

This organization was established in 1975 for the purpose of promoting effective planning for refugees. Membership is open to any person directly involved with refugee affairs. A mission statement is included in Section III - 5, and a membership roster is appended in Exhibit 4. Subcommittees on Education, Health, MAAs, social services and other pertinent areas meet on a regular basis. The County of San Diego has provided the County Coordinator of Refugee Affairs as the Coalition staff person, acting as liaison between County administrative offices and the Coalition.

All Coalition subcommittees have been consulted on a weekly basis in the preparation of this County Plan. Written reports have been received from each subcommittee, and, in many cases, inserted verbatim into this plan. Draft copies of this plan have been widely distributed before this final version has been submitted.

Another major effort at information-sharing has been the Interjurisdictional Committee on Refugees, a multi-disciplinary group of planners representing local, state and federal governments and the private sector, and whose Task Force Report was heavily utilized in the preparation of this County Plan.

It is the County government's intent to continue participation in these two vital information-exchanging organizations during the 1981-82 plan period.

Section VII - 4. REPORTING SYSTEM AND REQUIREMENTS

The County Coordinator of Refugee Affairs is responsible for reporting to the Board of Supervisors all developments as they relate to refugee issues.

SECTION VIII

SUMMARY AND CONCLUSION

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1. Concise County objectives.....96

2. Level of funding (FFY 1981-82) and allocation to projects.....96

3. Unresolved issues.....96

Section VIII - 1. CONCISE COUNTY OBJECTIVES

The San Diego County Plan intends to assist Indochinese refugees to economic and social self-sufficiency at the earliest possible time through a cost-effective, coordinated effort between public and private sectors.

Section VIII - 2. LEVEL OF FUNDING (FFY 1981-82) AND ALLOCATION TO PROJECTS

Refer to Section III - 6, for a listing of projects and funding levels, as far as this inormation is available. Many projects have requested to be maintained as 1980-81 levels, but are uncertain at this time about funding for the next fiscal year.

Section VIII - 3. UNRESOLVED ISSUES

The principal unresolved issue is whether all parties involved in the implementation of this County Plan and its recommendations can look beyond personal biases and instead focus on what is in the best interests of our refugee population. All of us must be willing to reconsider cherished notions which may have outlived their usefulness and recognize that new circumstances demand new solutions. With the cooperative effort of the entire community, San Diego County should remain a satisfying alternative residence for those who are forcibly displaced from their homelands.

EXHIBITS

Exhibit 1	Quarterly Statistical Report on Indochinese Refugees
Exhibit 2	Membership - Interjurisdictional Committee on Refugees
Exhibit 3	Miscellaneous Indochinese Refugee Cash Assistance Data
Exhibit 4	Membership - San Diego Refugee Coalition
Exhibit 5	State's Suggested Outline for County Plan
Exhibit 6	Final Outline for County Plan

REPORT TO THE BOARD OF SUPERVISORS COUNTY OF SAN DIEGO

INFORMATION ONLY

May 4, 1981

EXHIBIT I

TO: Board of Supervisors

FROM: Clifford W. Graves
Chief Administrative Officer

SUBJECT: Quarterly Statistical Report on Indochinese Refugees

On September 16, 1980, your Board directed me to provide quarterly statistical reports on Indochinese refugees. This is the second of such reports.

Population - There are approximately 22 - 24,000 Indochinese refugees in San Diego County. (March 31, 1981) However, the rate of inflow appears to be diminishing. This is evident by the decreasing numbers of persons resettled. (see page 4) and by the first reduction in the number of recipients of Refugee Assistance since the program was being phased out in 1978, prior to being restored.

Welfare - Social Services Department, Income Maintenance Division

Indochinese Refugee Granted Caseload
Indicators Summary

	IRAP			AFDC LINKED			MEDI-CAL		
Month/Year	Total Cases	% Increase from Prior Mo.	Total People	Total Cases	% Increase from Prior Mo.	Total People	Total Cases	% Increase from Prior Mo.	Total People
Jan, 1981	2605	+3.1	5595	1887	+5.0	7150	226	- .8	510
Feb, 1981	2706	+3.9	5714	1937	+2.6	7389	197	-12.8	469
Mar. 1981	2529	-6.5	5349	1818	-6.1	6917	171	-13.2	452

As of March 31, 1981, the totals for refugees receiving aid include 4518 cases and 12,718 people. These figures represent 33 less cases and 55 less persons than the report of December 31, 1980.

It must be noted that effective January 1, 1981, refugees from all ethnic backgrounds are included in the caseload figures. It is also important to consider that the caseload chart does not reflect the 1,455 people who were terminated from the program April 1, 1981.

Through an informal survey of eligibility workers, it was determined that on the average, refugees receive federal assistance for 2.3 years.

On April 1, 1981, the 36-month limitation to assistance under the Refugee Act of 1980 became effective. At that time, 1,455 persons became ineligible for 100% federally funded assistance within San Diego County.

Of the 173 single "time-expired" refugees, approximately 25* have gone through General Relief intake. On April 1 and 2, 16 refugees were scheduled for intake; since April 22, no refugees have requested appointments. Since April 1, 570 refugees have been transferred to Aid to Families with Dependent Children.

Education

There are 5,029 Indochinese enrolled in San Diego Unified Schools. The table below give the number of Indochinese students at schools with at least 100 Indochinese children attending:

TABLE OF SCHOOLS

Community	Elementary School	No. of Indochinese	Percent of Total School Population
East San Diego	Adams	171	20
Park North East	*Birney	138	21
Linda Vista	Carson	239	36
East San Diego	Chollas	117	27
East San Diego	Euclid	166	20
Linda Vista	Linda Vista	588	56

TABLE OF SCHOOLS (cont.)

Community	Junior High Schools	No. of Indochinese	Percent of Total School Population
Clairemont	*Einstein	287	24
East San Diego	Mann	112	8
Linda Vista	*Montgomery	326	30
	Senior High Schools		
Linda Vista	*Kearny	307	15
Clairemont	*Madison	326	14
Mira Mesa	*Mira Mesa	109	4

*Indochinese Learning Resource Centers

Nationwide, the Indochinese ethnic breakdown is 78% Vietnamese, 6% Cambodian, 8% Lao and 8% Hmong. However, within San Diego Unified Schools, the population is 42% Vietnamese, 35% Laotian, 14% Hmong and 7% Cambodian. In the Linda Vista Elementary School 41% of the Indochinese students are Hmong.

Enrollment information for the last four years indicates the dramatic impact that Indochinese refugee students have had on the adult ESL program in the San Diego Community College District.

	Oct.,77-78	Oct.,78-79	Oct.,79-80	Oct.,1980	March,1981
Laos	30	231	305	1309	1564
Cambodian	50	32	181	336	415
Vietnam	190	272	774	1428	1780
	270	535	1260	3073	3759

For English language skills see last quarter's report.

The chart on the following page reflects the direct flow of refugees into San Diego County. It does not represent outmigration or secondary migration.

RATE OF FLOW CHART

City	Mid 1978 to 7-80	7-80	8-80	9-80	10-80	11-80	12-80	1-81	2-81	3-81	Total
Alpine	0	0	0	0	0	0	3	0	0	0	3
Carlsbad	5	0	1	0	0	0	1	3	0	0	10
Chula Vista	23	13	5	0	0	0	5	0	3	0	48*
Coronado	6	0	0	0	0	0	3	1	0	0	10
Del Mar	5	0	0	0	0	0	0	0	0	0	5
El Cajon	59	75	34	33	22	14	22	28	10	14	309*
Encinitas	1	0	0	0	0	0	6	0	0	0	8*
Escondido	22	15	10	34	16	0	0	12	15	5	131*
Fallbrook	10	0	0	0	0	0	0	5	0	0	15
Imperial Beach	7	0	0	0	0	0	1	1	3	0	11*
La Jolla	27	0	0	0	0	0	3	0	1	0	31
Lemon Grove	2	0	0	0	0	2	0	0	0	0	4
National City	26	3	4	0	0	15	0	3	4	1	56
Oceanside	17	0	0	0	0	0	0	0	0	8	25
Poway	6	0	0	0	0	0	0	0	0	0	6
San Carlos	7	0	0	0	0	0	0	0	0	0	7
San Diego	5,622	647	352	393	354	788	287	359	303	268	9,341*
San Marcos	6	0	0	0	7	6	0	0	5	0	24
Santee	3	3	0	1	1	0	3	2	0	0	10*
Spring Valley	20	0	0	0	0	0	0	0	0	0	20
Valley Center	18	0	0	0	0	0	0	0	0	0	9*
Vista	28	3	0	1	0	13	0	24	5	0	60*
Willows	7	0	0	0	0	0	0	0	0	0	7
Totals	5,938	761	408	462	400	838	334	438	351	296	10,150

*Denotes mathematical discrepancies in data provided by State Department.

Discussion

The refugee influx into San Diego appears to be on the decline with about 30% of the newly-arrived refugees being secondary migrants. The County's educational facilities and service providers may soon have the opportunity to evaluate the effectiveness and quality of their programs without as much concern for enlarging their scope.

A tracking system for time-expired refugees has been developed within the Department of Social Services. Reports on the impact of this population on county public assistance will be available each month.

A County Plan on Refugee Resettlement will be available for Board review by May 26, 1981.

for CLIFFORD W. GRAVES
Chief Administrative Officer

CWG:GW:mf

cc: Connie Roberts
Ray Koenig
Don King

EXHIBIT 2

Interjurisdictional Committee on Refugees

	Member	Alternates
Federal:	Beau Carter (415) 556-8656 U. S. Dept. of HHS Office of Regional Administrator 100 Van Ness Ave., 28th Floor San Francisco, CA 94102	Peggy Combs
State:	Nguyen Van Hanh (916) 445-0196 915 Capitol Mall, Room 200 Sacramento, CA 95814	Claudine Ajeti
County:	Clifford W. Graves (714) 236-2722 1600 Pacific Highway, Room 209 San Diego, CA 92101 MS A6	Randall Bacon (714) 236-4694 Room 201 MS A217
City:	Scott Harvey (714) 236-6276 Director, Intergovernmental Relations City of San Diego 202 C Street San Diego, CA 92101	Perfecto Villareal
County Board of Education:	Dr. Donald Rucker (714) 2923697 6401 Linda Vist Road San Diego, CA 92111	Dr. J. D. Gawronski
San Diego Community College District:	Dr. Jim Hardison (714) 280-7610 5350 University Avenue San Diego, CA 92105	Autumn Keltner Karen Thaxton
San Diego City Schools:	Elisa Sanchez (714) 293-8216 4100 Normal San Diego, CA 92103	Gil Guzman
Regional Employment & Training Consortium	Michael Yaffa (714) 238-1445 861 Sixth Avenue San Diego, CA 92112	Fred Patterson
Refugee Coalition:	Cindy Jensen (714) 299-3411 1419 University Avenue San Diego, CA 92103	Tam Duc Tran

Coordinator of Refugee Affairs:

Gail Wasil (714) 236-4694
1600 Pacific Hwy., Room 201
San Diego, CA 92101

EXHIBIT 3

INCOME MAINTENANCE DIVISION - *INDOCHINESE REFUGEE GRANTED CASELOAD INDICATORS SUMMARY

	IRAP (RAP EFF. 1/81)			AFDC-LINKED			MEDI-CAL		
MONTH/YR	TOTAL CASES	Percent Increase From Prior Month Cases	TOTAL PEOPLE	TOTAL CASES	Percent Increase From Prior Month Cases	TOTAL PEOPLE	TOTAL CASES	Percent Increase From Prior Month Cases	TOTAL PEOPLE
July '80	1891	+ 2.9	4201	1436	+ 9.8	5425	199	- 3.4	492
Aug. '80	1991	+ 5.3	4393	1492	+ 3.9	5650	225	+11.6	512
Sept. '80	2112	+ 6.1	4630	1541	+ 3.3	5834	223	- .8	509
Oct. '80	2240	+ 6.1	5045	1633	+ 6.0	6250	211	-5.4	494
Nov. '80	2392	+ 6.8	5219	1705	+ 4.4	6481	216	+ 2.4	504
Dec. '80	2526	+ 5.6	5465	1797	+5.4	6798	228	+5.6	510
Jan. '81	2605	+3.1	5595	1887	+5.0	7150	226	-.8	510
Feb. '81	2706	+3.9	5714	1937	+2.6	7389	197	-12.8	469
Mar. '81	2529	-6.5	5349	1818	-6.1	6917	171	-13.2	452
Apr. '81	2608	+3.1	5529	1906	+4.8	7187	162	- 5.3%	357
May '81									
June '81									

*Effective 1/1/81 refugees from all ethnic backgrounds are included in these caseload figures.

INCOME MAINTENANCE BUREAU - REFUGEE ASSISTANCE PROGRAM CASELOAD INDICATORS — MO/YR April 30, 1981

1. INTAKE ACTIVITY	CASES	% *
A. RAP	219	- 2.2
B. AFDC	134	+ 2.3
C. Medi-Cal	62	-11.4
Intake Total	415	- 2.4

INDOCHINESE REFUGEES				NON-INDOCHINESE REFUGEES				COST PER CASE	
2. GRANTED CASELOAD	CASES	% *	PEOPLE	3. GRANTED CASELOAD	CASES	% *	PEOPLE	% ADMIN. COST**	AV. C
A. RAP 01	xxxxxxxx	xxxx	xxxxxxxxxxx	A. RAP 07	xxxxxxxx	xxxx	xxxxxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxx
01-0	808	+ 2.8	3719	07-0	1		3	$33.08	
01-1	1613	+ 3.4	1610	07-1	32		32	33.08	$322.43
01-3	5	-28.6	16	07-3	0		0	33.08	
01-4	149	0	149	07-4	0		0	33.08	
Sub Total	2575	+ 2.9	5494	Sub Total	33		35	xxxxxxxxxxxxxxx	xxxxxxx
B. AFDC	xxxxxxxx	xxxx	xxxxxxxxxxx	B. AFDC	xxxxxxxx	xxxx	xxxxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxx
30-V	1012	+ 5.4	2385	30-R	3		10	$38.12	$422.63
*** 30-N	0	0	0	*** 30-N	(include 1 in 2B)			38.12	
35-V	882	+ 3.8	4759	35-R	9		33	38.12	$631.34
*** 35-N	0	0	0	*** 35-N	(include 1 in 2B)				
Sub Total	1894	+ 4.0	7144	Sub Total	12		43	xxxxxxxxxxxxxxx	xxxxxxx
C. Medi-Cal Only	xxxxxxxx	xxxx	xxxxxxxxxxx	C. Medi-Cal Only	xxxxxxxx	xxxx	xxxxxxxxxxx	xxxxxxxxxxxxxxx	
Multi Type	51	- 3.8	N/A	Multi Type	0		N/A	$28.41	
MNO	11	-45.0	46	MNO	3		7	28.41	
MI-child	27	-35.0	140	MI-child	0		0	28.41	
MI-adult	66	-15.4	160	MI-adult	4		4	28.41	
Sub Total	155	-9.4	346	Sub Total	7		11	xxxxxxxxxxxxxxx	

5. RAP INDICATORS - DHHS STATE WIDE ESTIMATED RAP POPULATION — % IN S.D. CO.

A. Total Refugee POPULATION as of 3/31/81	178,161	est. 13% = 23,000 refugees
B. Total Receiving RAP-CASH as of 4/30/81	54,680	10.1% = 5,529 refugees
C. Total Receiving RAP/AFDC-CASH as of 4/30/81	69,391	10.4% = 7,187 refugees
D. Total Receiving Medi-Cal ONLY as of 10/31/80	4,951	7.2% = 357 refugees
E. Total Receiving SSI as of 4/30/81	4,835	9% = 435 refugees
F. Total Refugee Pop. in U.S. as of 12/31/80	444,555	est. 5.2% = 23,000 refugee

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*Percent of change from prior month case count.

**Admin Cost is based on average for quarter ending March 31, 1981.

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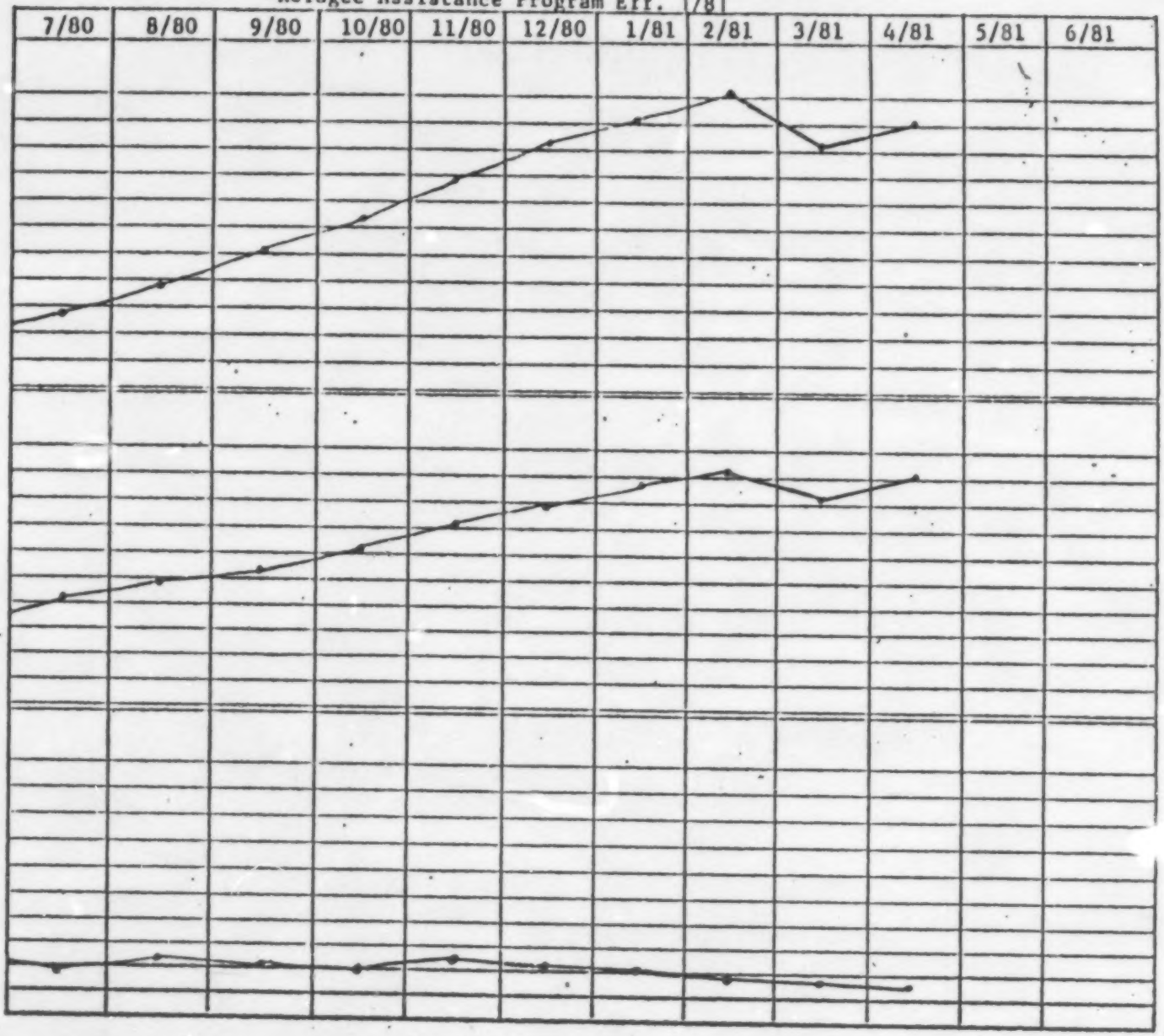
***Zero Basic Grant - Income between MAT and MBSAC.

BJMimts cc: Connie Roberts, Chuck Pennell, Sherri Pierson, Bill Bruner, Sherry Paul, Gail Wasil, Ray Koenig

SAN DIEGO COUNTY INDOCHINESE REFUGEE CASELOAD *

FISCAL YEAR 80/81

*Refugee Assistance Program Eff. 1/81



INDOCHINESE REFUGEE CASE DATA

F.Y. 80/81

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
New Arrivals in U.S. (1/1/78 to present)	273	276	310	630	485	328	266	294	331	363			
From Date of Arrival, Applied for Aid in San Diego Within:													
10 Days	81	95	120	168	162	73	83	107	89	109			
30 Days	82	82	90	148	128	80	55	48	98	84			
60 Days	33	30	14	90	24	23	16	22	22	22			
Over 60 Days	104	100	118	266	203	176	132	142	141	155			
Refugees Resettled From Another County. (See Attachment I)	21	12	18	39	43	28	26	43	44	47			
Refugees Resettled From Another State. (See Attachment II)	81	93	95	219	146	110	94	88	100	112			
Percentage of Secondary Migration from other States	27%	30%	28%	33%	28%	31%	33%	28%	29%	30%			
Percentage of Secondary Migration from other States and other California Counties	34%	34%	33%	38%	37%	39%	42%	41%	41%	43%			

Monthly summary of forms 07-81 DFW (Indochinese Refugee Case Data) on new grantings and additions to FBU compiled by Kearny Mesa District.

SJM:mtz

cc: Connie Roberts
Sherri Pierson

CALIFORNIA COUNTY OF RESIDENCE PRIOR TO SAN DIEGO

F.Y. 80/81

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Alameda				8			2	1		1			
Contra Costa													
Fresno			1					3	2	1			
Glenn								1					
Lassen	1												
Los Angeles	7	5	5	8	26	12	6	17	10	9			
Marin						1							
Merced							1	1					
Monterey		1				1	1						
NAPA			1										
Orange	6	2	9	11	11	8	5	2	9	5			
Riverside			1					1		1			
Sacramento	1				1	1	1		1	1			
San Bernardino				1		1	1	2		2			
San Francisco	2		1	1	1	2	6	7	14	22			
San Joaquin				1				1	2	1			
San Mateo						1		2	1				
Santa Barbara		1		5	1								
Santa Clara	1	2		4	3	1	2	4	3	3			
Santa Cruz													
Sonoma		1					1	1	2				
Tulare										1			
Stanislaus	2												
Tehama	1												
Ventura													

STATE OF RESIDENCE PRIOR TO CALIFORNIA

F.Y. .80/81

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Alaska	2			1	1	1				2			
Alabama	2								1				
Arizona	3	2	3	1		2	7	1	1	2			
Arkansas	2		2		2	2	3	2	3	1			
Colorado	1	3		1	5	1		1		1			
Connecticut		2			6		2	1		2			
Delaware									2	2			
District of Columbia	1	1		9		2		1	3	2			
Florida	3	6	3	6	10	4	2	2	5	11			
Georgia	1	2	4	4	6	7	5	2	5	4			
Hawaii	1	5	6	4	1	4	4	6	5	4			
Idaho		1		1		2	1	1	3				
Illinois	4	4	3	12	2	6	4	2		7			
Indiana	1	3	2	3		2	2	3	1	1			
Iowa	2	1	3	11	2	3	4	2	1				
Kansas		4		1			1	2	1	1			
Kentucky	1			1		2	1	1					
Louisiana	6	5	3		1	1			1				
Maine						1	1	2					
Maryland		2	2	1	3	2		3	6	1			

STATE OF RESIDENCE PRIOR TO CALIFORNIA

F.Y. 80/81

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Massachusetts	4		3	2		1							
Michigan	2	3	5	11	6	1	1	5	2	1			
Minnesota	5	6	1	10	1	4	4	4	3	5			
Mississippi				3	1	1	1	1	1				
Missouri	3	2					3	1	1	4			
Montana					2	1							
Nebraska	1								2				
Nevada	2			2		2		1	2	2			
New Hampshire			1	3	5	1							
New Jersey	1		1	1	1			1	1				
New Mexico	3	4	8	11		1		1	3				
New York	3	1	4	13	17	2	5	10	7	11			
North Carolina	2	1	1	7	5		3	3					
North Dakota								1	1				
Ohio		1	4		6	6	1	2	2	2			
Oklahoma	2	1	4	6	2	2	6	1	3				
Oregon	3	5	4	10	12	3	1	4	6	5			
Pennsylvania	3	1	3	15	5	5	3	5	6	1			
Rhode Island		1	2		1	2							
South Carolina	2			5		3	2			2			

STATE OF RESIDENCE PRIOR TO CALIFORNIA

F.Y. 80/81

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
South Dakota.	3	1				1				1			
Tennessee	1		1		2	4	7	1	6				
Texas	6	20	16	39	21	19	9	5	8	20			
Utah.	1	2		10	11	2	5	2	1	2			
Vermont						2	1						
Virginia.		2		7	3	1	1	3	2	1			
Washington.	3	1	3	6	3	3	3	5	2	10			
West Virginia	1		1		3		1						
Wisconsin				2					3	4			
Wyoming						1							

Grant amounts

[redacted]	Minimum Basic Standard for Adequate Care	[redacted]	Maximum for Suppl. Payment (80% of MAP)	EVALUATION OF INCOME IN-KIND -- AFDC			
				Housing	Utilities	Food	Clothing
1	$ 231	$ 227	$ 182	$ 102	$ 23	$ 57	$ 18
2	$ 386	$ 374	$ 299	$ 137	$ 24	$ 122	$ 34
3	$ 470	$ 463	$ 370	$ 149	$ 26	$ 155	$ 51
4	$ 577	$ 550	$ 440	$ 158	$ 27	$ 191	$ 68
5	$ 667	$ 628	$ 502	$ 158	$ 27	$ 231	$ 84
6	$ 751	$ 706	$ 565	$ 158	$ 27	$ 269	$ 101
7	$ 827	$ 775	$ 620	$ 158	$ 27	$ 299	$ 118
8	$ 913	$ 844	$ 675	$ 158	$ 27	$ 328	$ 132
9	$ 1000	$ 912	$ 730	$ 158	$ 27	$ 358	$ 151
10	$ 1087	$ 981	$ 785	$ 158	$ 27	$ 388	$ 166
More than 10	Plus $9 for each additional person within the FBU.	$ 981	$ 785	$ 158	$ 27	$ 388	$ 166
Reference	44-212.2	44-315.411	44-315.422	44-115.8			

Effective 1/1/81

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

DATE March 26, 1981

TO: Bert Hayden (W-407)

FROM: C.E. Reid, Deputy Director
Income Maintenance Bureau

Consulate
for C.E. Reid

BUDGET IMPACT OF TIME EXPIRED REFUGEES

In response to your request of March 20, 1981 regarding time-expired refugees, please refer to the attached CDS153, Report Of Discontinuances By Month, Refugee Act of 1980. [redacted] on time-expired individuals has been altered to [redacted] The number of cases was determined by dividing the monthly number of individuals by the average number of persons per case which you provided us in December 1980.

We expect a high percentage of these cases will transfer to either the AFDC or GR Program during FY 81-82 because:

1) All [redacted] (30V/35V) [redacted] and therefore will automatically convert to 30-0/35-0.

2) Pure [redacted] (01-0) [redacted] in the home, [redacted] (30-0/35-0).

3) [redacted] We do not have a profile regarding their income or property status which would indicate their GR eligibility. Therefore, we cannot project the number expected to qualify for GR during FY 81-82. There is, however, a monthly average of 13 refugees during FY 81-82 who might transfer to GR.

Without more lead time, and considering the volume of cases involved (approximately 4,500 with 12,800 refugees), we are unable to pursue a hand-count as you suggested. I hope, therefore, that the data provided will be sufficient. Thank you.

C. E. REID
Deputy Director

CER:SJM:mtz

cc: Connie Roberts
Sherri Pierson
Sue Modell

S55514 SAN DIEGO COUNTY DEPARTMENT OF PUBLIC WELFARE DATE 02-28-81

CDS153 REPORT OF DISCONTINUANCES BY MONTHS, REFUGEE ACT 1980 PAGE 1

PERSONS PER CASE
2.3
1
3.8

AID TYPE	DISCONTINUANCE DATE / DATE OF ENTRY	03/81 02/78	04/81 03/78	05/81 04/78	06/81 05/78	07/81 06/78	08/81 07/78	09/81 08/78	10/81 09/78	11/81 10/78	12/81 11/78	01/82 12/78	02/82 01/79	03/82 02/79	04/82 03/79	05/82 04/79	06/82 05/79	07/82 06/79
01-0	RAP FAMILY	365	4	32	18	17/40	12/28	20/45	26/60	33/77	13/30	25/58	40/92	22/51	35/80	20/46	19/44	55
01-1	RAP SINGLE	180	4	3	3	10/10	10/10	12/12	6/6	16/16	18/18	6/6	13/13	7/7	25/25	18/18	16/16	24
30-V	RAP-LINKED AFDC-FG	396	4	20	16	4/15	7/27	5/20	4/17	2/9	4/15	5/20	10/39	4/17	11/42	4/15	6/22	50
34-V		18		6				2										
35-N		8																
35-V	RAP-LINKED AFDC-U	277	25	21	40	12/46	2/9	13/43	8/30	10/37	10/39	7/26	N/52	13/48	19/71	20/75	17/63	20
37-V		2																2
39-V											2							
82-V		38								2	1	3	3	2	1	1	1	1
83-V		27				3				2		1			4			
84-V		60	1		1	1	1			2	4		5	1	3	4		4
85-V		42				2		1	1	1		2		1	6	1	1	2
88-V		1	1															
ALL AIDS		1414	39	82	78	117	75	128	114	146	109	116	204	127	232	160	147	158

Name	Agency/Organization	Address/Phone
11. Bounmy Soukbandith	LAF (Lao Friendship Association)	723 Quail Street San Diego, CA 92102 262-7747
12. Esther Reilly	Episcopal Diocese of San Diego	1740 Robinson Avenue Apartment 4 San Diego, CA 92105 298-8493
13. Autumn Keltner	S.D.C.C. (San Diego Community College	5350 University Avenue San Diego, CA 92105 280-7610 Est. 141
14. Gwen Plank	CCS (Catholic Community Services	6970 Linda Vista Road San Diego, CA 92111 560-6656
15. Tam Duc Tran	Lutheran Social Services (LIRS)	4011 Ohio Street San Diego, CA 92104 284-6724
16. Member-at-Large	Vietnamese Alliance Association	275-1282
17. Ginyee Chu	Chinese Social Service Center, Inc.	428 Third Avenue San Diego, CA 92101 234-0442
18. Brenda Brigham	Linda Vista Coalition for Human Care Services	Post Office Box 11403 San Diego, CA 92111 279-0400
19. Bernice Clark	Red Cross	3650 Fifth Avenue San Diego, CA 92103 291-2620
20. Randy Golden-Grant	Linda Vista Health Center	6973 Linda Vista Road San Diego, CA 92111 279-0925
21. Norma Craig	DPH, Department of Public Hea'th, San Diego County	1700 Pacific Highway San Diego, CA 92101 236-2101
22. Hal Jack	Employment Development Dept.	5660 Friars Road San Diego, CA 92108 237-7454
23. Chhay Beng Siev	Cambodian Association	3865 Menlow Avenue San Diego, CA 92105 281-2418

	Name	Agency/Organization	Address/Phone
24.	Capt. D. K. Abbott	San Diego Police Department	801 Market Street San Diego, CA 92101 236-6157
25.	Sergio Mayea	Cuban Refugee Center	426-3544
26.	Alisa Sanchez	San Diego City Schools	4100 Normal Street San Diego, CA 92103 298-8120
27.	Song Ja Park	Pan Asian Parent Education Project	1031 25th Street San Diego, CA 92102 235-9750

EXHIBIT 4

SAN DIEGO REFUGEE COALITION
P.O. Box 3427
San Diego, California 92103

MEMBERSHIP

	Name	Agency/Organization	Adress/Phone
1.	Mike Campbell	IOEP (Indochinese Orientation Employment Program	1400 Park Boulevard San Diego, CA 92101 236-4240
2.	Claudine Ajeti	SDSS (State Department of Social Services	107 South Broadway Room 6005 Los Angeles, CA 90012 (213) 620-2728
3.	Jack Medcalf	METRO % Allied Tax Center	3949 Clairemont Drive San Diego, CA 92117 276-8782
4.	Do Thien	RAP (Refugee Assistance Program	1420 Third Avenue San Diego, CA 92101 232-1041
5.	Kenlynn Gallegos	CWS (Church World Service)	5250 Santa Monica Blvd. Los Angeles, CA 90029 (213)666-2707
6.	Hal Rowe	ACCESS	6970 Linda Vista Road San Diego, CA 92111 571-0221
7.	Cindy Jensen	International Rescue Committee (IRC)	1419 University Avenue San Diego, CA 92105 299-3411
8.	Bok-Lim Kim	Indochinese Service Center	1031 25th Street Suite B San Diego, CA 92102 235-9710
9.	Lloyd Devoe	Refugee Children Service Unit/Department of Public Welfare	6950 Levant Street San Diego, CA 92111 560-2168
10.	Gia Nguyen	ACCESS	6970 Linda Vista Road San Diego, CA 92111 292-6911

EXHIBIT 5

STATE OF CALIFORNIA

EDMUND G. BROWN JR., *Governor*

HEALTH and WELFARE AGENCY
OFFICE OF THE SECRETARY
915 CAPITOL MALL, ROOM 200
Sacramento, California 95814
(916) 445-6951

Mario G. Obledo
SECRETARY

James W. Conran
UNDERSECRETARY

STATE MASTER PLAN FOR REFUGEE RESETTLEMENT

Suggested Outline for County Plans
(FFY 1981-1982)

Section I - Identification

1. Name of County
2. Contact person, office address, telephone number

Section II - Background

1. Goals and objectives of County program
2. Refugee groups covered and rate of inflow
3. Summary of statement of needs
4. Administrative responsibility (public and private sectors)
5. Role in refugee resettlement and services program. Concise discussion on development which lead to current situation
   - Actual role
   - Potential role in Plan period (five years, beginning October 1, 1981, with annual review)

Section III - Administration of Current County Program (FFY 80-81)

1. General description of County program
2. Organization, including organizational chart of refugee program, with staffing level
3. Amount and sources of funding (government and private, e.g. matching funds)
4. Data system available
5. Activity reports
6. Coordination with State agencies, other counties, cities and communities
7. Annual planning cycle/process
8. List of projects (contractor, contact person, area served, type of services, funding level)

Section IV - Analysis of Needs and Major Problem Areas

Consider the following areas, as appropriate to your County, in order of priority within the refugee program. Impact of Refugee Act of 1980, and State and federal budgetary constraints should be discussed. Detailed information is needed for FFY 1981-82. Only general projection and discussion are suggested for the next four fiscal years. Annual review and planning process will expand and update 1982-83 projection.

DEPARTMENTS OF THE AGENCY
Aging • Alcohol & Drug Programs • Data Center • Developmental Services • Employment Development • Health Services
Mental Health • Rehabilitation • Social Services • Office of Statewide Health Planning and Development

1. Employment services
2. Cash assistance
3. Medical assistance, public health, mental health care, and rehabilitation activities
4. Social services
   - For adults, including senior adults
   - For children, including unaccompanied minors
5. Education (K-12, adult, post secondary)
6. Acculturation
7. Housing
8. Refugee community support and capacity building
9. Community relations
10. Others (e.g. driver education and traffic safety, small business enterprises, agriculture and fisheries, public recreation facilities, etc.)

(Items in this Section will be presented in order of priority in the State Master Plan)

Section V - Description of County Program during the Plan Period (FFY 1981-82)

Detailed information is needed for FFY 1981-82, to the extent data are available. Only general projection and discussion are suggested for the next four fiscal years. Annual review and planning process by the State will expand and update 1982-83 projection.

1. General description of County program
2. Anticipated funding level and sources (public and private) for FFY 1981-82
3. Type of services to be provided. Indicate average duration/limits of services per client anticipated, if applicable
4. Program objectives of services. Quantify, where appropriate
5. Eligibility criteria
6. Target population (all refugee groups and Cuban/Haitian entrants)
7. Number of refugees to be served
8. Geographical areas served vs. areas of concentration
9. Client tracking system
10. Data system
11. Organization and staffing of County program. Attach organizational chart
12. Activity report
13. Summary of local program, including pilot projects, as appropriate, based on coordination with cities and communities
14. List of projects, with concise information on contractor, contact person, area served, type of services and funding level

Section VI - Proposed Actions with Time Frame

(Actions suggested to resolve priority issues, including unmet needs, listed under Section IV and program implementation under Section V)

1. Administrative changes (organization and staffing) in County program
2. Staff training
3. Refugee access to services
4. Proposed role of the private sector, including corporations, voluntary agencies, community-based organizations, mutual assistance associations

5. Need for any specific project, such as research, study, or pilot projects (e.g. demographic characteristics of new arrivals)
6. Any additional suggestions for issues which have overall impact on County or State program regarding strategy, policy, organization, emphasis, etc.

Section VII - Coordination of County Plan Implementation

1. County program monitoring mechanism
2. Service activities meshing
3. Information exchange with other agencies within County, and at State and federal levels
4. Reporting system and requirements

Section VIII - Summary and Conclusion

1. Concise County objectives
2. Level of funding (FFY 1981-82) and allocation to projects
3. Major problems perceived and solutions suggested
4. Unresolved issues

EXHIBIT 8

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

DATE April 10, 1981

TO: Randall C. Bacon, Director (Acting)
Department of Social Services

FROM: Don King, Project Manager
County Refugee Plan

FINAL OUTLINE FOR COUNTY REFUGEE PLAN

This outline is based on recommendations from the County Plan Advisory Committee which met on April 9, 1981, with the following members present:

Autumn Keltner, Education sub-committee

Bok Lim Kim, Social services sub-committee

Bill Bransford, Employment sub-committee

Norma Craig, Health sub-committee (representing Bob Mosier)

Sue Modell, Income Maintenance representative

Cindy Jensen, Resettlement sub-committee (representing Gwen Plank)

Tam Duc Tran, Refugee Coalition representative

Section I - Identification

1. Name of County
2. Contact Person, office address, telephone number

Section II - Background

1. Goals and objectives of County program
2. Refugee groups covered and rate of inflow
3. Summary of statement of needs
4. Administrative responsibility (public and private sectors)

Section III - Administration of Current County Program (FFY 80-81)

1. General description of County program
2. Amount and sources of funding (government and private, e.g., matching funds)
3. Data system available
4. Activity reports
5. Coordination with State agencies, other counties, cities and communities
6. List of projects (contractor, contact person area served, type of services, funding level)

Section IV - Analysis of Needs and Major Problem Areas

1. Employment services
2. Cash assistance
3. Medical assistance, public health, mental health care, and rehabilitation activities
4. Social services
   - for adults, including senior adults
   - for children, including unaccompanied minors
5. Education (K-12, adult, post secondary)
6. Acculturation
7. Housing
8. Refugee community support and capacity building
9. Community relations
10. Impact of Refugee Act of 1980 and State and federal budgetary constraints

Section V - Description of County Program during the Plan Period (FFY 1981-82)

1. General description of County program
2. Anticipated funding level and sources (public and private) for FFY 1981-82
3. Type of services to be provided. Indicate average duration/ limits of services per client anticipated, if applicable
4. Target population (all refugee groups and Cuban/Haitian entrants)
5. Client tracking system
6. Organization and staffing of County program. Attach organizational chart.
7. Summary of local program, including pilot projects, as appropriate, based on coordination with cities and communities
8. List of projects, with concise information on contractor, contact person, area served, type of services and funding level

Section VI - Proposed Actions with Time Frame

1. Staff training
2. Refugee access to services
3. Proposed role of the private sector, including corporations, voluntary agencies, community-based organizations, mutual assistance associations
4. Need for any specific project, such as research, study, or pilot projects (e.g., demographic characteristics of new arrivals)
5. Any additional suggestions for issues which have overall impact on County or State program regarding strategy, policy, organization, emphasis, etcetera.

Section VII - Coordination of County Plan Implementation

1. County program monitoring mechanism
2. Services activities meshing
3. Information exchange with other agencies within County
4. Reporting system and requirements

Section VIII - Summary and Conclusion

1. Concise County objectives
2. Level of funding (FFY 1981-82) and allocation to projects
3. Major problems perceived and solutions suggested
4. Unresolved issues

Don King

Don King, Project Manager
County Refugee Plan

DK:mf

cc: Gail Wasil